

ORD INFORMATION
RESOURCE CENTER, HCTA

MEDICARE / MEDICAID NURSING HOME INFORMATION

TEXAS

Part 2

DE KALB to JAYTON



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

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Part 2

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Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in black ink, reading "William L. Roper".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean, M.D.
Deputy Commissioner
Professional Services

Hermas L. Miller
Deputy Commissioner
Management and Administration

TEXAS LONG TERM CARE INSPECTION SYSTEM

- * Overview of nursing home licensure program: Texas has had nursing home licensure since 1953 to assure safe and adequate treatment of individuals in institutions. This program is administered by the Bureau of Long Term Care with inspection personnel located in 25 offices throughout the state. Field offices are under the Regional Medical Director. Generally two major unannounced visits are conducted annually. Licensure activities and Medicare/Medicaid visits are conducted simultaneously.
- * Overview of enforcement systems: The licensing agency through the licensure law and Medicare/Medicaid systems may select any number of remedies when deficiencies are noted. The specific action taken is based on findings and professional decisions as to the required remedy. Enforcement options include:
 - * Citation of the violation
 - * Administrative penalty for selected violations - monetary fine.
 - * Withholding of Medicaid funds
 - * Denial of certification for Medicare/Medicaid participation
 - * Court appointed trustee to assume facility operation
 - * Closure of facility and relocation of patients
- * Resources: The Texas Department of Health, Bureau of Long Term Care maintains an information service toll-free hotline for individuals to register complaints, request inspection reports, request general information, or seek assistance in any matter relating to nursing homes. This telephone is manned during regular work hours and is on a recorder at other times.

The toll free number is 1-800-252-9106 and the regular phone number is 512-458-7706.

The State Ombudsman program is located in the Texas Department on Aging. Mr. John Willis is the State Ombudsman and his address is: Texas Department on Aging, P.O. Box 12785, Austin, Texas 78711, phone number 512-444-2727.

Medicaid fraud and abuse of funds claims are investigated by the Texas Department of Human Services, the Medicaid agency. They may be contacted at: Ms. Sharon E. Thompson, Medicaid Fraud Investigation Coordinator, Texas Department of Human Services, P.O. Box 2960, Austin, Texas 78769, phone number 512-338-6562.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE SUNNY ACRES OF DEKALB

Street Address:		City and State:	
540 S E FRONT STREET		DE KALB TX 75559	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	86	PROPRIETARY	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	0	70	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	97.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	56.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	63.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	59.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	70.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	22.6	31.6	29.3
Completely bedfast residents.	14	16.7	10.4	3.6
Residents confined to chairs.	43	51.2	46.1	39.1
Residents requiring restraints.	30	35.7	31.7	31.7
Confused or disoriented residents.	52	61.9	59.0	55.8
Residents with bed sores.	1	1.2	5.1	4.7
Residents receiving special skin care.	19	22.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF DELEON

Street Address: HIGHWAY 6 EAST		City and State: DE LEON TX 76444	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
72	0	52			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		48	66.7	81.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		48	66.7	77.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		34	47.2	66.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	43.1	64.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		26	36.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	1.7	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	20.8	31.6	29.3
Completely bedfast residents.		12	16.7	10.4	3.6
Residents confined to chairs.		14	19.4	46.1	39.1
Residents requiring restraints.		12	16.7	31.7	31.7
Confused or disoriented residents.		46	63.9	59.0	55.8
Residents with bed sores.		1	1.4	5.1	4.7
Residents receiving special skin care.		11	15.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DE LEON NH

Street Address: 205 EAST AYERS		City and State: DE LEON TX 76444	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	81.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	98.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	54.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	56.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	56.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	37.7	31.6	29.3
Completely bedfast residents.	5	9.4	10.4	3.6
Residents confined to chairs.	20	37.7	46.1	39.1
Residents requiring restraints.	24	45.3	31.7	31.7
Confused or disoriented residents.	44	83.0	59.0	55.8
Residents with bed sores.	6	11.3	5.1	4.7
Residents receiving special skin care.	11	20.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DE SOTO NH INC

Street Address: 1101 N HAMPTON		City and State: DE SOTO TX 75115	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 79		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	72.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	81.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	72.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	67.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	72.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	23.4	31.6	29.3
Completely bedfast residents.	22	20.6	10.4	3.6
Residents confined to chairs.	35	32.7	46.1	39.1
Residents requiring restraints.	30	28.0	31.7	31.7
Confused or disoriented residents.	51	47.7	59.0	55.8
Residents with bed sores.	3	2.8	5.1	4.7
Residents receiving special skin care.	72	67.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK MANOR

Street Address: 207 E PARKERVILLE RD		City and State: DE SOTO TX 75115	
Participation: MEDICARE SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	Medicare Residents: 1	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	1	100	52.2	50.8
Residents requiring restraints.	1	100	39.0	41.3
Confused or disoriented residents.	1	100	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	1	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKYLINE NURSING HOME

Street Address:		City and State:	
PARKERVILLE ROAD AT IH 35 EAST		DE SOTO TX 75115	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	96	PROPRIETARY	04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
69	0	58		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	89.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	68.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	63.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	63.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	71.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	72.5	31.6	29.3
Completely bedfast residents.	5	7.2	10.4	3.6
Residents confined to chairs.	35	50.7	46.1	39.1
Residents requiring restraints.	21	30.4	31.7	31.7
Confused or disoriented residents.	23	33.3	59.0	55.8
Residents with bed sores.	13	18.8	5.1	4.7
Residents receiving special skin care.	2	2.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DECATUR CONVALESCENT CENTER

Street Address:		City and State:	
605 WEST MULBERRY STREET		DECATUR TX 76234	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	69.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	65.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	46.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	29.3	31.6	29.3
Completely bedfast residents.	2	3.4	10.4	3.6
Residents confined to chairs.	18	31.0	46.1	39.1
Residents requiring restraints.	17	29.3	31.7	31.7
Confused or disoriented residents.	37	63.8	59.0	55.8
Residents with bed sores.	1	1.7	5.1	4.7
Residents receiving special skin care.	2	3.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN YEARS HAVEN

Street Address:		City and State:	
HWY 81 SOUTH ROUTE 2		DECATUR TX 76234	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	42	PROPRIETARY	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
41	0	25	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	85.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	85.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	73.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	73.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	68.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	31.7	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	27	65.9	46.1	39.1
Residents requiring restraints.	12	29.3	31.7	31.7
Confused or disoriented residents.	31	75.6	59.0	55.8
Residents with bed sores.	3	7.3	5.1	4.7
Residents receiving special skin care.	3	7.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY HILLS NURSING CENTER

Street Address:		City and State:	
200 E THOMPSON		DECATUR TX 76234	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	102	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	80.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	75	83.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	68.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	83.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	88.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.3	31.6	29.3
Completely bedfast residents.	26	28.9	10.4	3.6
Residents confined to chairs.	10	11.1	46.1	39.1
Residents requiring restraints.	10	11.1	31.7	31.7
Confused or disoriented residents.	30	33.3	59.0	55.8
Residents with bed sores.	2	2.2	5.1	4.7
Residents receiving special skin care.	12	13.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7.
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAN JACINTO MANOR

Street Address:		City and State:	
206 WEST P STREET		DEER PARK TX 77536	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	96	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	73.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	71.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	65.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	58.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	65.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	32.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	51	58.6	46.1	39.1
Residents requiring restraints.	46	52.9	31.7	31.7
Confused or disoriented residents.	53	60.9	59.0	55.8
Residents with bed sores.	3	3.4	5.1	4.7
Residents receiving special skin care.	2	2.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEL RIO NURS HME

Street Address:		City and State:	
301 MOORE		DEL RIO TX 78840	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	52	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	84.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	82.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	71.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	67.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	21.2	31.6	29.3
Completely bedfast residents.	5	9.6	10.4	3.6
Residents confined to chairs.	30	57.7	46.1	39.1
Residents requiring restraints.	24	46.2	31.7	31.7
Confused or disoriented residents.	48	92.3	59.0	55.8
Residents with bed sores.	3	5.8	5.1	4.7
Residents receiving special skin care.	8	15.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RETAMA MANOR NURSING CTR DEL RIO

Street Address:		City and State:	
100 HERMANN DR		DEL RIO TX 78840	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	88	PROPRIETARY	04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
70	0	54		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	91.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	90.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	88.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	87.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	87.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	64.3	31.6	29.3
Completely bedfast residents.	1	1.4	10.4	3.6
Residents confined to chairs.	60	85.7	46.1	39.1
Residents requiring restraints.	37	52.9	31.7	31.7
Confused or disoriented residents.	35	50.0	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTEX HEALTHCARE CENTERS DENISON

Street Address:		City and State:	
801 WEST WASHINGTON		DENISON TX 75020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	50	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

39 95.1 81.7 78.3

Dressing

Residents requiring some or total assistance in dressing.

33 80.5 77.7 76.7

Toileting

Residents requiring some or total assistance in toileting.

31 75.6 66.9 63.4

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

30 73.2 64.7 66.0

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

31 75.6 61.6 59.1

Residents on individually written bowel and bladder retraining program.

0 0.0 1.7 6.1

Eating

Residents receiving tube feedings or requiring assistance with eating.

15 36.6 31.6 29.3

Completely bedfast residents.

2 4.9 10.4 3.6

Residents confined to chairs.

30 73.2 46.1 39.1

Residents requiring restraints.

4 9.8 31.7 31.7

Confused or disoriented residents.

25 61.0 59.0 55.8

Residents with bed sores.

8 19.5 5.1 4.7

Residents receiving special skin care.

11 26.8 23.2 24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN OF DENISON

Street Address:		City and State:	
1300 MEMORIAL DRIVE		DENISON TX 75020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
114	0	83	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	93.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	79.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	83	72.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	63.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	43.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	47	41.2	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.5	31.6	29.3
Completely bedfast residents.	34	29.8	10.4	3.6
Residents confined to chairs.	35	30.7	46.1	39.1
Residents requiring restraints.	45	39.5	31.7	31.7
Confused or disoriented residents.	89	78.1	59.0	55.8
Residents with bed sores.	6	5.3	5.1	4.7
Residents receiving special skin care.	25	21.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DENISON MANOR INC

Street Address: 601 EAST HIGHWAY 69		City and State: DENISON TX 75020	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 1	Medicaid Residents: 56	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	97.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	97.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	97.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	73.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	30.4	42.2	37.7
Completely bedfast residents.	22	31.9	13.5	3.4
Residents confined to chairs.	24	34.8	52.2	50.8
Residents requiring restraints.	46	66.7	39.0	41.3
Confused or disoriented residents.	43	62.3	60.2	58.4
Residents with bed sores.	4	5.8	8.5	7.1
Residents receiving special skin care.	10	14.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DENTON GOOD SAMARITAN VILLAGE

Street Address: 2500 HINKLE DRIVE		City and State: DENTON TX 76201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	57.3	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	77	86.5	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	77	86.5	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	86.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	30.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	13	14.6	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.2	42.2	37.7
Completely bedfast residents.	26	29.2	13.5	3.4
Residents confined to chairs.	51	57.3	52.2	50.8
Residents requiring restraints.	51	57.3	39.0	41.3
Confused or disoriented residents.	56	62.9	60.2	58.4
Residents with bed sores.	5	5.6	8.5	7.1
Residents receiving special skin care.	16	18.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DENTON NURS CTR

Street Address: 2229 CARROLL BLVD		City and State: DENTON TX 76201	
Participation: MEDICAID ICF	# of Beds: 208	Type of Ownership: PROPRIETARY	Survey Date: 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 0	Medicaid Residents: 82	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	79.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	78	62.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	109	87.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	52.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	69.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	50	40.3	31.6	29.3
Completely bedfast residents.	1	0.8	10.4	3.6
Residents confined to chairs.	74	59.7	46.1	39.1
Residents requiring restraints.	27	21.8	31.7	31.7
Confused or disoriented residents.	63	50.8	59.0	55.8
Residents with bed sores.	8	6.5	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE FOREST GOOD SAMARITAN VILLAGE

Street Address:		City and State:	
3901 MONTECITO DRIVE		DENTON TX 76205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
51	2	27	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	96.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	86.3	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	72.5	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	72.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	74.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	13.7	42.2	37.7
Completely bedfast residents.	1	2.0	13.5	3.4
Residents confined to chairs.	18	35.3	52.2	50.8
Residents requiring restraints.	13	25.5	39.0	41.3
Confused or disoriented residents.	19	37.3	60.2	58.4
Residents with bed sores.	2	3.9	8.5	7.1
Residents receiving special skin care.	12	23.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE BEAUMONT NH

Street Address:		City and State:	
2224 NORTH CARROLL BOULEVARD		DENTON TX 76201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
50		0		16			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				50	100	81.7	78.3
Dressing							
Residents requiring some or total assistance in dressing.				46	92.0	77.7	76.7
Toileting							
Residents requiring some or total assistance in toileting.				39	78.0	66.9	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				43	86.0	64.7	66.0
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				41	82.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	1.7	6.1
Eating							
Residents receiving tube feedings or requiring assistance with eating.				25	50.0	31.6	29.3
Completely bedfast residents.				0	0.0	10.4	3.6
Residents confined to chairs.				26	52.0	46.1	39.1
Residents requiring restraints.				26	52.0	31.7	31.7
Confused or disoriented residents.				46	92.0	59.0	55.8
Residents with bed sores.				3	6.0	5.1	4.7
Residents receiving special skin care.				28	56.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF DENVER CITY

Street Address:		City and State:	
315 MUSTANG AVENUE		DENVER CITY TX 79323	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	98	PROPRIETARY	04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	67.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	74.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	55.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	58.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	60.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	30.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	24	55.8	46.1	39.1
Residents requiring restraints.	16	37.2	31.7	31.7
Confused or disoriented residents.	20	46.5	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	7	16.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEPORT NH

Street Address:		City and State:	
P O BOX 296		DEPORT TX 75435	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	102	PROPRIETARY	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	72.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	65.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	55.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	55.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	63.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	38.7	31.6	29.3
Completely bedfast residents.	13	16.2	10.4	3.6
Residents confined to chairs.	34	42.5	46.1	39.1
Residents requiring restraints.	26	32.5	31.7	31.7
Confused or disoriented residents.	51	63.7	59.0	55.8
Residents with bed sores.	4	5.0	5.1	4.7
Residents receiving special skin care.	22	27.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR INC

Street Address:		City and State:	
104 ENTERPRISE		DEVINE TX 78016	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
84	0	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	72.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	74	88.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	79.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	75.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	77.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	57.1	31.6	29.3
Completely bedfast residents.	12	14.3	10.4	3.6
Residents confined to chairs.	52	61.9	46.1	39.1
Residents requiring restraints.	35	41.7	31.7	31.7
Confused or disoriented residents.	84	100	59.0	55.8
Residents with bed sores.	4	4.8	5.1	4.7
Residents receiving special skin care.	9	10.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH MEADOWS NH

Street Address:		City and State:	
900 S TEMPLE DR		DIBOLL TX 75941	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	54	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	83.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	96.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	39.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	73.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	94.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	30.2	31.6	29.3
Completely bedfast residents.	2	3.8	10.4	3.6
Residents confined to chairs.	15	28.3	46.1	39.1
Residents requiring restraints.	16	30.2	31.7	31.7
Confused or disoriented residents.	48	90.6	59.0	55.8
Residents with bed sores.	2	3.8	5.1	4.7
Residents receiving special skin care.	8	15.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF DIMMITT

Street Address: 1621 BUTLER BLVD		City and State: DIMMITT TX 79027	
Participation: MEDICAID ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 28		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	76.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	71.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	46.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	51.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	51.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.6	31.6	29.3
Completely bedfast residents.	17	30.4	10.4	3.6
Residents confined to chairs.	20	35.7	46.1	39.1
Residents requiring restraints.	14	25.0	31.7	31.7
Confused or disoriented residents.	28	50.0	59.0	55.8
Residents with bed sores.	4	7.1	5.1	4.7
Residents receiving special skin care.	9	16.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILL COUNTRY CARE INC

Street Address:		City and State:	
STAR ROUTE 4 BOX 47BF		DRIPPING SPRINGS TX 78620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT PRIVATE	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	91.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	80.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	67.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	44.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	100	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	23.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	37	66.1	46.1	39.1
Residents requiring restraints.	19	33.9	31.7	31.7
Confused or disoriented residents.	19	33.9	59.0	55.8
Residents with bed sores.	2	3.6	5.1	4.7
Residents receiving special skin care.	5	8.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DUBLIN NURSING CENTER

Street Address: 715 SHEEHAN ST		City and State: DUBLIN TX 76446	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	96.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	84.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	84.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	76.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	84.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	60.3	31.6	29.3
Completely bedfast residents.	5	7.9	10.4	3.6
Residents confined to chairs.	24	38.1	46.1	39.1
Residents requiring restraints.	6	9.5	31.7	31.7
Confused or disoriented residents.	40	63.5	59.0	55.8
Residents with bed sores.	4	6.3	5.1	4.7
Residents receiving special skin care.	4	6.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE MANOR NSG CENTER

Street Address: ROUTE 5 BOX 4A		City and State: DUBLIN TX 76446	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 37	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	61.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	53.3	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	48.3	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.3	42.2	37.7
Completely bedfast residents.	4	6.7	13.5	3.4
Residents confined to chairs.	28	46.7	52.2	50.8
Residents requiring restraints.	15	25.0	39.0	41.3
Confused or disoriented residents.	40	66.7	60.2	58.4
Residents with bed sores.	2	3.3	8.5	7.1
Residents receiving special skin care.	7	11.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DUMAS NURSING CENTER

Street Address: 1009 S MADDOX		City and State: DUMAS TX 79029	
Participation: MEDICAID ICF	# of Beds: 47	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	31	70.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	28	63.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	65.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	3	6.8	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.7	31.6	29.3
Completely bedfast residents.	2	4.5	10.4	3.6
Residents confined to chairs.	21	47.7	46.1	39.1
Residents requiring restraints.	11	25.0	31.7	31.7
Confused or disoriented residents.	25	56.8	59.0	55.8
Residents with bed sores.	1	2.3	5.1	4.7
Residents receiving special skin care.	8	18.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEMORIAL NURSING & REHAB CENTER

Street Address:		City and State:	
230 EAST SECOND STREET		DUMAS TX 79029	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	LOCAL GOVERNMENT	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
3	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	66.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	3	100	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	66.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	66.7	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	2	66.7	46.1	39.1
Residents requiring restraints.	1	33.3	31.7	31.7
Confused or disoriented residents.	1	33.3	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HOUSE

Street Address: 200 HERITAGE LANE		City and State: EAGLE LAKE TX 77434	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65		Medicare Residents: 0		Medicaid Residents: 60	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	70.8	81.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		49	75.4	77.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		50	76.9	66.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		45	69.2	64.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		55	84.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.		1	1.5	1.7	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	41.5	31.6	29.3
Completely bedfast residents.		4	6.2	10.4	3.6
Residents confined to chairs.		39	60.0	46.1	39.1
Residents requiring restraints.		16	24.6	31.7	31.7
Confused or disoriented residents.		42	64.6	59.0	55.8
Residents with bed sores.		5	7.7	5.1	4.7
Residents receiving special skin care.		7	10.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF EAGLE PASS

Street Address: 2550 ZACATECAS		City and State: EAGLE PASS TX 78852	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 0	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	92.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	60	92.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	60	92.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	78.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	76.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.1	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	38.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	59	90.8	46.1	39.1
Residents requiring restraints.	40	61.5	31.7	31.7
Confused or disoriented residents.	65	100	59.0	55.8
Residents with bed sores.	7	10.8	5.1	4.7
Residents receiving special skin care.	14	21.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTLAND MANOR

Street Address: 1405 WEST COMMERCE		City and State: EASTLAND TX 76448	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	75.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	69.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	60.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	66.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	66.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	35.8	31.6	29.3
Completely bedfast residents.	23	43.4	10.4	3.6
Residents confined to chairs.	16	30.2	46.1	39.1
Residents requiring restraints.	19	35.8	31.7	31.7
Confused or disoriented residents.	37	69.8	59.0	55.8
Residents with bed sores.	6	11.3	5.1	4.7
Residents receiving special skin care.	34	64.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW NURSING HOME

Street Address: 700 S OSTROM		City and State: EASTLAND TX 76448	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 52
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	88.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	48	69.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	41	59.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	60.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	60.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	37.7	31.6	29.3
Completely bedfast residents.	1	1.4	10.4	3.6
Residents confined to chairs.	37	53.6	46.1	39.1
Residents requiring restraints.	31	44.9	31.7	31.7
Confused or disoriented residents.	6	8.7	59.0	55.8
Residents with bed sores.	4	5.8	5.1	4.7
Residents receiving special skin care.	25	36.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONCHO NURSING CTR

Street Address: EAKER AND BURLESON STS		City and State: EDEN TX 76837	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	67.2	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	84.4	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	70.3	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	54.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	56.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	39.1	42.2	37.7
Completely bedfast residents.	1	1.6	13.5	3.4
Residents confined to chairs.	38	59.4	52.2	50.8
Residents requiring restraints.	30	46.9	39.0	41.3
Confused or disoriented residents.	35	54.7	60.2	58.4
Residents with bed sores.	6	9.4	8.5	7.1
Residents receiving special skin care.	11	17.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR OF EDINBURG

Street Address: 1401 S 2ND ST		City and State: EDINBURG TX 78540	
Participation: MEDICAID ICF	# of Beds: 44	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	95.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	85.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	81.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	78.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	38.1	31.6	29.3
Completely bedfast residents.	1	2.4	10.4	3.6
Residents confined to chairs.	36	85.7	46.1	39.1
Residents requiring restraints.	31	73.8	31.7	31.7
Confused or disoriented residents.	28	66.7	59.0	55.8
Residents with bed sores.	3	7.1	5.1	4.7
Residents receiving special skin care.	1	2.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RETAMA MANOR NURSING CENTER

Street Address: 1505 S CLOSNER		City and State: EDINBURG TX 78539	
Participation: MEDICAID ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	87.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	88.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	81.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	89.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	73.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	60.2	31.6	29.3
Completely bedfast residents.	1	1.1	10.4	3.6
Residents confined to chairs.	56	63.6	46.1	39.1
Residents requiring restraints.	51	58.0	31.7	31.7
Confused or disoriented residents.	42	47.7	59.0	55.8
Residents with bed sores.	1	1.1	5.1	4.7
Residents receiving special skin care.	5	5.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN OF EDNA

Street Address:		City and State:	
1204 NORTH WELLS STREET		EDNA TX 77957	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	91.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	76.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	73.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	62.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	41.1	31.6	29.3
Completely bedfast residents.	7	12.5	10.4	3.6
Residents confined to chairs.	35	62.5	46.1	39.1
Residents requiring restraints.	19	33.9	31.7	31.7
Confused or disoriented residents.	18	32.1	59.0	55.8
Residents with bed sores.	1	1.8	5.1	4.7
Residents receiving special skin care.	30	53.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CZECH CATHOLIC HME FOR THE AGED

Street Address: RT 3 BOX 40		City and State: EL CAMPO TX 77437	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	81.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	76.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	55.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	39.0	31.6	29.3
Completely bedfast residents.	26	44.1	10.4	3.6
Residents confined to chairs.	46	78.0	46.1	39.1
Residents requiring restraints.	8	13.6	31.7	31.7
Confused or disoriented residents.	59	100	59.0	55.8
Residents with bed sores.	2	3.4	5.1	4.7
Residents receiving special skin care.	2	3.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN VILLA NH

Street Address:		City and State:	
106 DEL NORTE DR		EL CAMPO TX 77437	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
143	0	90		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	92.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	124	86.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	95	66.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	75.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	58.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	33.6	31.6	29.3
Completely bedfast residents.	2	1.4	10.4	3.6
Residents confined to chairs.	103	72.0	46.1	39.1
Residents requiring restraints.	38	26.6	31.7	31.7
Confused or disoriented residents.	67	46.9	59.0	55.8
Residents with bed sores.	6	4.2	5.1	4.7
Residents receiving special skin care.	49	34.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORONADO NURSING CENTER

Street Address: 223 S RESSLER		City and State: EL PASO TX 79912	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 0	Medicaid Residents: 78	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	76.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	73	71.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	79	77.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	68.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	52.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	22.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	67	65.7	46.1	39.1
Residents requiring restraints.	59	57.8	31.7	31.7
Confused or disoriented residents.	55	53.9	59.0	55.8
Residents with bed sores.	4	3.9	5.1	4.7
Residents receiving special skin care.	3	2.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL PASO CONVALESCENT CENTER

Street Address:		City and State:	
11525 VISTA DEL SOL		EL PASO TX 79936	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	86.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	69.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	64.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	64.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	61.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	3.5	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	27.4	31.6	29.3
Completely bedfast residents.	1	0.9	10.4	3.6
Residents confined to chairs.	28	24.8	46.1	39.1
Residents requiring restraints.	44	38.9	31.7	31.7
Confused or disoriented residents.	67	59.3	59.0	55.8
Residents with bed sores.	3	2.7	5.1	4.7
Residents receiving special skin care.	3	2.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONV CENTER

Street Address:		City and State:	
2301 N OREGON ST		EL PASO TX 79902	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	243	PROPRIETARY	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
171	2	144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	97.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	95.3	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	160	93.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	93.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	153	89.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	9	5.3	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	106	62.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	146	85.4	52.2	50.8
Residents requiring restraints.	118	69.0	39.0	41.3
Confused or disoriented residents.	143	83.6	60.2	58.4
Residents with bed sores.	30	17.5	8.5	7.1
Residents receiving special skin care.	142	83.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN VIEW PLACE

Street Address:		City and State:	
1600 MURCHISON ROAD		EL PASO TX 79902	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	235	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
181	0	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	94.5	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	92.8	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	149	82.3	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	77.9	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	71.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	38.7	42.2	37.7
Completely bedfast residents.	4	2.2	13.5	3.4
Residents confined to chairs.	123	68.0	52.2	50.8
Residents requiring restraints.	84	46.4	39.0	41.3
Confused or disoriented residents.	125	69.1	60.2	58.4
Residents with bed sores.	11	6.1	8.5	7.1
Residents receiving special skin care.	14	7.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NAZARETH HALL

Street Address: 4614 TROWBRIDGE ST		City and State: EL PASO TX 79903	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 26		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	56.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	64.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	39.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	41.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	23	47.9	46.1	39.1
Residents requiring restraints.	21	43.8	31.7	31.7
Confused or disoriented residents.	16	33.3	59.0	55.8
Residents with bed sores.	1	2.1	5.1	4.7
Residents receiving special skin care.	7	14.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEBBLE CREEK NURSING CENTER

Street Address: 11608 SCOTT SIMPSON		City and State: EL PASO TX 79936	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	50.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	50.0	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	50.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	50.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	50.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	1	50.0	52.2	50.8
Residents requiring restraints.	1	50.0	39.0	41.3
Confused or disoriented residents.	1	50.0	60.2	58.4
Residents with bed sores.	1	50.0	8.5	7.1
Residents receiving special skin care.	1	50.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET HAVEN NURSING CENTER LTD

Street Address:		City and State:	
9001 NORTH LOOP		EL PASO TX 79907	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	76.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	80.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	72.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	65.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	62.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	9	8.6	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	31.4	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	70	66.7	46.1	39.1
Residents requiring restraints.	50	47.6	31.7	31.7
Confused or disoriented residents.	63	60.0	59.0	55.8
Residents with bed sores.	5	4.8	5.1	4.7
Residents receiving special skin care.	7	6.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE HLTH CTR AT MONTEVISTA AT CORONADO

Street Address: 1575 BELVIDERE		City and State: EL PASO TX 79912	
Participation: MEDICARE SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	33.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	66.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	66.7	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	2	66.7	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	2	66.7	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	1	33.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VISTA HILLS HEALTH CARE CENTER

Street Address:		City and State:	
1599 LOMALAND		EL PASO TX 79935	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	2	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	66.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	88.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	91.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	83.3	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	77.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	29	28.4	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	55.9	42.2	37.7
Completely bedfast residents.	3	2.9	13.5	3.4
Residents confined to chairs.	86	84.3	52.2	50.8
Residents requiring restraints.	72	70.6	39.0	41.3
Confused or disoriented residents.	73	71.6	60.2	58.4
Residents with bed sores.	19	18.6	8.5	7.1
Residents receiving special skin care.	55	53.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITE ACRES GOOD SAMARITAN RET VIL

Street Address:		City and State:	
7304 GOOD SAMARITAN COURT		EL PASO TX 79912	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT PRIVATE	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	94.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	94.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	68.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	68.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	7	14.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	34.0	31.6	29.3
Completely bedfast residents.	11	22.0	10.4	3.6
Residents confined to chairs.	7	14.0	46.1	39.1
Residents requiring restraints.	7	14.0	31.7	31.7
Confused or disoriented residents.	43	86.0	59.0	55.8
Residents with bed sores.	1	2.0	5.1	4.7
Residents receiving special skin care.	8	16.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHLEICHER COUNTY MEDICAL CENTER

Street Address: 400 MURCHISON STREET		City and State: ELDORADO TX 76936	
Participation: MEDICAID ICF	# of Beds: 38	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	Medicare Residents: 0	Medicaid Residents: 23	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	90.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	61.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	58.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	48.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	35.5	31.6	29.3
Completely bedfast residents.	2	6.5	10.4	3.6
Residents confined to chairs.	18	58.1	46.1	39.1
Residents requiring restraints.	14	45.2	31.7	31.7
Confused or disoriented residents.	12	38.7	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	3.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELECTRA NURSING CENTER

Street Address: 511 S BAILEY		City and State: ELECTRA TX 76360	
Participation: MEDICAID ICF	# of Beds: 69	Type of Ownership: PROPRIETARY	Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 44		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	35	62.5	81.7	78.3
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Dressing Residents requiring some or total assistance in dressing.	38	67.9	77.7	76.7
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Toileting Residents requiring some or total assistance in toileting.	34	60.7	66.9	63.4
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Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	50.0	64.7	66.0
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Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	61.6	59.1
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Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
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Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.4	31.6	29.3
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Completely bedfast residents.	0	0.0	10.4	3.6
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Residents confined to chairs.	26	46.4	46.1	39.1
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Residents requiring restraints.	21	37.5	31.7	31.7
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Confused or disoriented residents.	19	33.9	59.0	55.8
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Residents with bed sores.	4	7.1	5.1	4.7
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Residents receiving special skin care.	12	21.4	23.2	24.0
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SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELGINS GOLDEN YEARS RET AND NH INC

Street Address: 605 NORTH HIGHWAY 290		City and State: ELGIN TX 78621	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 31	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	46	80.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	45	78.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	64.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	63.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	61.4	31.6	29.3
Completely bedfast residents.	2	3.5	10.4	3.6
Residents confined to chairs.	38	66.7	46.1	39.1
Residents requiring restraints.	14	24.6	31.7	31.7
Confused or disoriented residents.	33	57.9	59.0	55.8
Residents with bed sores.	4	7.0	5.1	4.7
Residents receiving special skin care.	9	15.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELKHART MANOR

Street Address: P O DRAWER 659		City and State: ELKHART TX 75839	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 67		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	85.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	58	72.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	69	86.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	68.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	71.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	47.5	31.6	29.3
Completely bedfast residents.	1	1.2	10.4	3.6
Residents confined to chairs.	45	56.3	46.1	39.1
Residents requiring restraints.	25	31.3	31.7	31.7
Confused or disoriented residents.	62	77.5	59.0	55.8
Residents with bed sores.	3	3.7	5.1	4.7
Residents receiving special skin care.	3	3.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN ACRES NH

Street Address: P O BOX 531		City and State: EMORY TX 75440	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 47
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	75.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	75.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	59.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	60.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	45.5	31.6	29.3
Completely bedfast residents.	6	9.1	10.4	3.6
Residents confined to chairs.	36	54.5	46.1	39.1
Residents requiring restraints.	27	40.9	31.7	31.7
Confused or disoriented residents.	44	66.7	59.0	55.8
Residents with bed sores.	1	1.5	5.1	4.7
Residents receiving special skin care.	14	21.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLAYSTONE MANOR

Street Address: 1107 S CLAY		City and State: ENNIS TX 75119	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	81.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	93.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	73.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	65.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	68.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	10.9	31.6	29.3
Completely bedfast residents.	20	31.3	10.4	3.6
Residents confined to chairs.	26	40.6	46.1	39.1
Residents requiring restraints.	14	21.9	31.7	31.7
Confused or disoriented residents.	19	29.7	59.0	55.8
Residents with bed sores.	30	46.9	5.1	4.7
Residents receiving special skin care.	7	10.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ENNIS CARE CENTER

Street Address:		City and State:	
1200 S HALL ST		ENNIS TX 75119	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	155	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	7	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	96.8	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	93.5	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	87.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	83.9	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	87.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	55.9	42.2	37.7
Completely bedfast residents.	27	29.0	13.5	3.4
Residents confined to chairs.	50	53.8	52.2	50.8
Residents requiring restraints.	18	19.4	39.0	41.3
Confused or disoriented residents.	43	46.2	60.2	58.4
Residents with bed sores.	6	6.5	8.5	7.1
Residents receiving special skin care.	7	7.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ODD FELLOW AND REBEKAH NH

Street Address: RT 1 OAK GROVE RD		City and State: ENNIS TX 75119	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 24		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	82.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	65.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	71.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	67.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	25.0	31.6	29.3
Completely bedfast residents.	2	3.8	10.4	3.6
Residents confined to chairs.	21	40.4	46.1	39.1
Residents requiring restraints.	13	25.0	31.7	31.7
Confused or disoriented residents.	23	44.2	59.0	55.8
Residents with bed sores.	1	1.9	5.1	4.7
Residents receiving special skin care.	2	3.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EULESS NURSING CENTER

Street Address:		City and State:	
901 CLINIC DR		EULESS TX 76039	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	91.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	68.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	48.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	56.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	48.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	2.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	25.9	31.6	29.3
Completely bedfast residents.	7	8.2	10.4	3.6
Residents confined to chairs.	54	63.5	46.1	39.1
Residents requiring restraints.	19	22.4	31.7	31.7
Confused or disoriented residents.	47	55.3	59.0	55.8
Residents with bed sores.	4	4.7	5.1	4.7
Residents receiving special skin care.	33	38.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JANUARY CARE HOME

Street Address:		City and State:	
506 CIRCLE DRIVE BOX 258		EVANT TX 76525	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	53	NON-PROFIT PRIVATE	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
41	0	28	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	80.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	73.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	87.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	68.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	61.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	46.3	31.6	29.3
Completely bedfast residents.	8	19.5	10.4	3.6
Residents confined to chairs.	17	41.5	46.1	39.1
Residents requiring restraints.	15	36.6	31.7	31.7
Confused or disoriented residents.	24	58.5	59.0	55.8
Residents with bed sores.	1	2.4	5.1	4.7
Residents receiving special skin care.	1	2.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW MANOR NURSING CENTER

Street Address: 601 REUNION ST BOX 166		City and State: FAIRFIELD TX 75840	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 66
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	79.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	70	79.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	58	65.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	58.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	49	55.7	31.6	29.3
Completely bedfast residents.	3	3.4	10.4	3.6
Residents confined to chairs.	73	83.0	46.1	39.1
Residents requiring restraints.	32	36.4	31.7	31.7
Confused or disoriented residents.	73	83.0	59.0	55.8
Residents with bed sores.	7	8.0	5.1	4.7
Residents receiving special skin care.	9	10.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RETAMA MANOR NURSING CENTER

Street Address: 1301 S TERRELL ST		City and State: FALFURRIAS TX 78355	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	89.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	80.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	87.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	49.1	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	41	71.9	46.1	39.1
Residents requiring restraints.	36	63.2	31.7	31.7
Confused or disoriented residents.	26	45.6	59.0	55.8
Residents with bed sores.	5	8.8	5.1	4.7
Residents receiving special skin care.	2	3.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HINTON HOME INC

Street Address:		City and State:	
205 WEST BEACH		FARMERSVILLE TX 75031	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	74	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
72	0	60	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	80.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	73.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	100	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	58.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	26.4	31.6	29.3
Completely bedfast residents.	3	4.2	10.4	3.6
Residents confined to chairs.	31	43.1	46.1	39.1
Residents requiring restraints.	15	20.8	31.7	31.7
Confused or disoriented residents.	39	54.2	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	9	12.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FARWELL CONVALESCENT CTR

Street Address:		City and State:	
305 5TH ST		FARWELL TX 79325	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	160	LOCAL GOVERNMENT	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	84.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	81.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	53.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	67.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	55.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	36.9	31.6	29.3
Completely bedfast residents.	15	23.1	10.4	3.6
Residents confined to chairs.	30	46.2	46.1	39.1
Residents requiring restraints.	13	20.0	31.7	31.7
Confused or disoriented residents.	43	66.2	59.0	55.8
Residents with bed sores.	2	3.1	5.1	4.7
Residents receiving special skin care.	36	55.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FERRIS NURSING CARE CENTER

Street Address: 201 E 5TH ST		City and State: FERRIS TX 75125	
Participation: MEDICAID ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 48	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	92.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	92.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	67.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	79.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	64.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.8	31.6	29.3
Completely bedfast residents.	14	20.9	10.4	3.6
Residents confined to chairs.	32	47.8	46.1	39.1
Residents requiring restraints.	26	38.8	31.7	31.7
Confused or disoriented residents.	18	26.9	59.0	55.8
Residents with bed sores.	3	4.5	5.1	4.7
Residents receiving special skin care.	10	14.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK MANOR NURSING CENTER

Street Address: 624 N CONVERSE ST		City and State: FLATONIA TX 78941	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	67.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	58.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	59.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	96.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	61.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	31.7	31.6	29.3
Completely bedfast residents.	1	1.2	10.4	3.6
Residents confined to chairs.	41	50.0	46.1	39.1
Residents requiring restraints.	25	30.5	31.7	31.7
Confused or disoriented residents.	61	74.4	59.0	55.8
Residents with bed sores.	1	1.2	5.1	4.7
Residents receiving special skin care.	25	30.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORESVILLE NURSING HOME

Street Address: 1811 6TH STREET		City and State: FLORESVILLE TX 78114	
Participation: MEDICAID ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 47	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	63.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	71.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	66.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	66.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	45.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	33.8	31.6	29.3
Completely bedfast residents.	8	10.4	10.4	3.6
Residents confined to chairs.	42	54.5	46.1	39.1
Residents requiring restraints.	31	40.3	31.7	31.7
Confused or disoriented residents.	40	51.9	59.0	55.8
Residents with bed sores.	2	2.6	5.1	4.7
Residents receiving special skin care.	8	10.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLOYDADA NURS HME

Street Address: 925 WEST CROCKETT		City and State: FLOYDADA TX 79235	
Participation: MEDICAID ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	80.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	90.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	73.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	85.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	68.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	43.9	31.6	29.3
Completely bedfast residents.	2	4.9	10.4	3.6
Residents confined to chairs.	26	63.4	46.1	39.1
Residents requiring restraints.	13	31.7	31.7	31.7
Confused or disoriented residents.	28	68.3	59.0	55.8
Residents with bed sores.	4	9.8	5.1	4.7
Residents receiving special skin care.	3	7.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMANCHE VIEW NURSING HOME

Street Address: 101 NORTH ROONEY		City and State: FORT STOCKTON TX 79735	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 23	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	73.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	64.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	54.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	52.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.8	31.6	29.3
Completely bedfast residents.	8	19.0	10.4	3.6
Residents confined to chairs.	9	21.4	46.1	39.1
Residents requiring restraints.	3	7.1	31.7	31.7
Confused or disoriented residents.	16	38.1	59.0	55.8
Residents with bed sores.	2	4.8	5.1	4.7
Residents receiving special skin care.	8	19.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALL SEASONS CENTRAL CARE CENTER

Street Address: 921 W CANNON		City and State: FORT WORTH TX 76104	
Participation: MEDICAID ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
39	0	30			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	36	92.3	81.7	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	25	64.1	77.7	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	21	53.8	66.9	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	56.4	64.7	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	20	51.3	61.6	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	16	41.0	31.6	29.3	
Completely bedfast residents.	0	0.0	10.4	3.6	
Residents confined to chairs.	17	43.6	46.1	39.1	
Residents requiring restraints.	11	28.2	31.7	31.7	
Confused or disoriented residents.	9	23.1	59.0	55.8	
Residents with bed sores.	2	5.1	5.1	4.7	
Residents receiving special skin care.	0	0.0	23.2	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALL SEASONS NURSING CENTER

Street Address: 3825 VILLAGE CREEK RD		City and State: FORT WORTH TX 76119	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
75	0	61			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	68.0	81.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		42	56.0	77.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		36	48.0	66.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		21	28.0	64.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		37	49.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	1.7	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	9.3	31.6	29.3
Completely bedfast residents.		1	1.3	10.4	3.6
Residents confined to chairs.		32	42.7	46.1	39.1
Residents requiring restraints.		15	20.0	31.7	31.7
Confused or disoriented residents.		29	38.7	59.0	55.8
Residents with bed sores.		1	1.3	5.1	4.7
Residents receiving special skin care.		3	4.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALTA MESA NURSING CENTER

Street Address: 5300 ALTA MESA BLVD		City and State: FORT WORTH TX 76133	
Participation: MEDICAID ICF	# of Beds: 154	Type of Ownership: PROPRIETARY	Survey Date: 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	Medicare Residents: 0	Medicaid Residents: 91	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	93.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	100	68.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	104	71.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	76.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	49.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	3	2.1	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	21.2	31.6	29.3
Completely bedfast residents.	7	4.8	10.4	3.6
Residents confined to chairs.	60	41.1	46.1	39.1
Residents requiring restraints.	39	26.7	31.7	31.7
Confused or disoriented residents.	63	43.2	59.0	55.8
Residents with bed sores.	6	4.1	5.1	4.7
Residents receiving special skin care.	39	26.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARLINGTON HEIGHTS NURSING CENTER

Street Address:		City and State:	
4925 WELLESLEY		FORT WORTH TX 76107	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	180	PROPRIETARY	02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	68.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	107	87.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	73.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	71.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	73.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	33.6	31.6	29.3
Completely bedfast residents.	2	1.6	10.4	3.6
Residents confined to chairs.	65	53.3	46.1	39.1
Residents requiring restraints.	59	48.4	31.7	31.7
Confused or disoriented residents.	74	60.7	59.0	55.8
Residents with bed sores.	10	8.2	5.1	4.7
Residents receiving special skin care.	10	8.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN CARE CANNON MANOR

Street Address:		City and State:	
1617 WEST CANNON STREET		FORT WORTH TX 76104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	0	75		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	87.8	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	87.8	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	87.8	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	87.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	87.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	58.9	42.2	37.7
Completely bedfast residents.	8	8.9	13.5	3.4
Residents confined to chairs.	41	45.6	52.2	50.8
Residents requiring restraints.	33	36.7	39.0	41.3
Confused or disoriented residents.	41	45.6	60.2	58.4
Residents with bed sores.	6	6.7	8.5	7.1
Residents receiving special skin care.	79	87.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN YEARS LODGE INC

Street Address:		City and State:	
424 SOUTH ADAMS		FORT WORTH TX 76104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	195	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
159	2	82		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	71.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	81.8	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	76.7	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	83.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	61.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	35.2	42.2	37.7
Completely bedfast residents.	7	4.4	13.5	3.4
Residents confined to chairs.	70	44.0	52.2	50.8
Residents requiring restraints.	42	26.4	39.0	41.3
Confused or disoriented residents.	105	66.0	60.2	58.4
Residents with bed sores.	20	12.6	8.5	7.1
Residents receiving special skin care.	72	45.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOULEVARD MANOR CARE CENTER

Street Address: 7146 BAKER BOULEVARD		City and State: FORT WORTH TX 76118	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 102	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	87.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	80.9	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	69.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	63.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	67.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	37.4	42.2	37.7
Completely bedfast residents.	10	8.7	13.5	3.4
Residents confined to chairs.	64	55.7	52.2	50.8
Residents requiring restraints.	42	36.5	39.0	41.3
Confused or disoriented residents.	91	79.1	60.2	58.4
Residents with bed sores.	9	7.8	8.5	7.1
Residents receiving special skin care.	78	67.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKHAVEN NURS CONV CTR

Street Address:		City and State:	
4208 E LANCASTER		FORT WORTH TX 76103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	61	PROPRIETARY	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
52	0	37	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	76.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	86.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	57.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	42.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	44.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	21.2	31.6	29.3
Completely bedfast residents.	1	1.9	10.4	3.6
Residents confined to chairs.	26	50.0	46.1	39.1
Residents requiring restraints.	16	30.8	31.7	31.7
Confused or disoriented residents.	27	51.9	59.0	55.8
Residents with bed sores.	4	7.7	5.1	4.7
Residents receiving special skin care.	11	21.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF FT WORTH

Street Address: 8401 JACKSBORO HWY		City and State: FORT WORTH TX 76135	
Participation: MEDICAID ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	75.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	63	79.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	59	74.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	72.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	68.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	21.5	31.6	29.3
Completely bedfast residents.	24	30.4	10.4	3.6
Residents confined to chairs.	34	43.0	46.1	39.1
Residents requiring restraints.	35	44.3	31.7	31.7
Confused or disoriented residents.	42	53.2	59.0	55.8
Residents with bed sores.	5	6.3	5.1	4.7
Residents receiving special skin care.	18	22.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR NH

Street Address: 400 S BEACH		City and State: FORT WORTH TX 76105	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 181	Type of Ownership: PROPRIETARY	Survey Date: 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	Medicare Residents: 2	Medicaid Residents: 137	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	57.2	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	79.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	67.3	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	64.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	49.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	34.0	42.2	37.7
Completely bedfast residents.	11	6.9	13.5	3.4
Residents confined to chairs.	75	47.2	52.2	50.8
Residents requiring restraints.	18	11.3	39.0	41.3
Confused or disoriented residents.	71	44.7	60.2	58.4
Residents with bed sores.	8	5.0	8.5	7.1
Residents receiving special skin care.	10	6.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST PARK MANOR NURSING CENTER

Street Address: 1000 LUXTON		City and State: FORT WORTH TX 76104	
Participation: MEDICAID ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 37	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	60.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	57.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	57.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	31.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	57.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	10	15.2	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	4.5	31.6	29.3
Completely bedfast residents.	2	3.0	10.4	3.6
Residents confined to chairs.	11	16.7	46.1	39.1
Residents requiring restraints.	5	7.6	31.7	31.7
Confused or disoriented residents.	38	57.6	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	1.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST HILL NURSING CENTER

Street Address: 4607 CALIFORNIA PARKWAY EAST		City and State: FORT WORTH TX 76119	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 2	Medicaid Residents: 92		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	94.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	94.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	91.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	86.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	65.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	56.1	42.2	37.7
Completely bedfast residents.	2	1.8	13.5	3.4
Residents confined to chairs.	52	45.6	52.2	50.8
Residents requiring restraints.	60	52.6	39.0	41.3
Confused or disoriented residents.	12	10.5	60.2	58.4
Residents with bed sores.	4	3.5	8.5	7.1
Residents receiving special skin care.	20	17.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR SEASONS NURS CTR FT WORTH NW

Street Address: 2129 SKYLINE DR		City and State: FORT WORTH TX 76114	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 1	Medicaid Residents: 45		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	34.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	41	41.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	35	35.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	34.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	31.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.0	42.2	37.7
Completely bedfast residents.	10	10.0	13.5	3.4
Residents confined to chairs.	23	23.0	52.2	50.8
Residents requiring restraints.	17	17.0	39.0	41.3
Confused or disoriented residents.	37	37.0	60.2	58.4
Residents with bed sores.	6	6.0	8.5	7.1
Residents receiving special skin care.	12	12.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR SEASONS NURS CTR N RICHLAND HILLS

Street Address: 7625 GLENVIEW DR		City and State: FORT WORTH TX 76118	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 4
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	100	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	90.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	81.1	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	81.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	66.7	42.2	37.7
Completely bedfast residents.	4	4.4	13.5	3.4
Residents confined to chairs.	59	65.6	52.2	50.8
Residents requiring restraints.	39	43.3	39.0	41.3
Confused or disoriented residents.	84	93.3	60.2	58.4
Residents with bed sores.	7	7.8	8.5	7.1
Residents receiving special skin care.	19	21.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALTOM CONVALESCENT CENTER

Street Address:		City and State:	
2936 MARKUM DRIVE		FORT WORTH TX 76117	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	146	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
138	0	84		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	73.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	68.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	102	73.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	54.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	21.7	31.6	29.3
Completely bedfast residents.	5	3.6	10.4	3.6
Residents confined to chairs.	81	58.7	46.1	39.1
Residents requiring restraints.	30	21.7	31.7	31.7
Confused or disoriented residents.	86	62.3	59.0	55.8
Residents with bed sores.	4	2.9	5.1	4.7
Residents receiving special skin care.	25	18.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTHSTONE NURSING HOME

Street Address: 701 ST LOUIS		City and State: FORT WORTH TX 76104	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 103	Type of Ownership: PROPRIETARY	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 72	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	94.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	87.5	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	65.9	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	80.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	65.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.7	42.2	37.7
Completely bedfast residents.	3	3.4	13.5	3.4
Residents confined to chairs.	51	58.0	52.2	50.8
Residents requiring restraints.	13	14.8	39.0	41.3
Confused or disoriented residents.	62	70.5	60.2	58.4
Residents with bed sores.	2	2.3	8.5	7.1
Residents receiving special skin care.	2	2.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON SQUARE N C OF EAST FT WORTH

Street Address:		City and State:	
814 WEILER BLVD		FORT WORTH TX 76112	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
56	0	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		55	98.2	84.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		50	89.3	83.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		46	82.1	74.0	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		45	80.4	73.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	85.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.3	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	37.5	42.2	37.7
Completely bedfast residents.		2	3.6	13.5	3.4
Residents confined to chairs.		36	64.3	52.2	50.8
Residents requiring restraints.		17	30.4	39.0	41.3
Confused or disoriented residents.		41	73.2	60.2	58.4
Residents with bed sores.		5	8.9	8.5	7.1
Residents receiving special skin care.		8	14.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JARVIS HEIGHTS NURSING CENTER

Street Address:		City and State:	
3601 HARDY ST		FORT WORTH TX 76106	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
102	3	87	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	73.5	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	89.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	89.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	89.2	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	89.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	52.0	42.2	37.7
Completely bedfast residents.	4	3.9	13.5	3.4
Residents confined to chairs.	56	54.9	52.2	50.8
Residents requiring restraints.	56	54.9	39.0	41.3
Confused or disoriented residents.	80	78.4	60.2	58.4
Residents with bed sores.	8	7.8	8.5	7.1
Residents receiving special skin care.	8	7.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KENTS NURSING CENTER

Street Address: 900 W LUEDA ST		City and State: FORT WORTH TX 76104	
Participation: MEDICAID ICF	# of Beds: 107	Type of Ownership: PROPRIETARY	Survey Date: 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 53	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	93.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	90.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	76.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	73.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	40.0	31.6	29.3
Completely bedfast residents.	13	13.7	10.4	3.6
Residents confined to chairs.	57	60.0	46.1	39.1
Residents requiring restraints.	31	32.6	31.7	31.7
Confused or disoriented residents.	52	54.7	59.0	55.8
Residents with bed sores.	6	6.3	5.1	4.7
Residents receiving special skin care.	5	5.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKEWOOD VILLAGE MED CENTER

Street Address: 5100 RANDOL MILL RD		City and State: FORT WORTH TX 76112	
Participation: MEDICARE SNF	# of Beds: 30	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	64.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	85.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	100	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	46.4	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	46.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	28.6	42.2	37.7
Completely bedfast residents.	2	7.1	13.5	3.4
Residents confined to chairs.	9	32.1	52.2	50.8
Residents requiring restraints.	4	14.3	39.0	41.3
Confused or disoriented residents.	12	42.9	60.2	58.4
Residents with bed sores.	1	3.6	8.5	7.1
Residents receiving special skin care.	1	3.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKEWORTH NURSING HOME

Street Address: 4220 WELLS DRIVE		City and State: FORT WORTH TX 76135	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 3	Medicaid Residents: 67		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	84.4	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	86.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	81.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	80.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	91.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	43.3	42.2	37.7
Completely bedfast residents.	21	23.3	13.5	3.4
Residents confined to chairs.	36	40.0	52.2	50.8
Residents requiring restraints.	47	52.2	39.0	41.3
Confused or disoriented residents.	59	65.6	60.2	58.4
Residents with bed sores.	8	8.9	8.5	7.1
Residents receiving special skin care.	19	21.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MEADOWBROOK NURSING HOME INC

Street Address:		City and State:	
3301 VIEW STREET		FORT WORTH TX 76103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	187	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
120	3	92	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	95.8	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	76.7	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	77.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	75.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.0	42.2	37.7
Completely bedfast residents.	1	0.8	13.5	3.4
Residents confined to chairs.	87	72.5	52.2	50.8
Residents requiring restraints.	81	67.5	39.0	41.3
Confused or disoriented residents.	84	70.0	60.2	58.4
Residents with bed sores.	25	20.8	8.5	7.1
Residents receiving special skin care.	32	26.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUALITY CONVALESCENT CENTER

Street Address: 1000 SIXTH AVENUE		City and State: FORT WORTH TX 76104	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
113		4		79			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				83	73.5	84.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				90	79.6	83.7	83.2
Toileting							
Residents requiring some or total assistance in toileting.				76	67.3	74.0	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				69	61.1	73.5	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				68	60.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	1.3	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				32	28.3	42.2	37.7
Completely bedfast residents.				12	10.6	13.5	3.4
Residents confined to chairs.				52	46.0	52.2	50.8
Residents requiring restraints.				43	38.1	39.0	41.3
Confused or disoriented residents.				69	61.1	60.2	58.4
Residents with bed sores.				7	6.2	8.5	7.1
Residents receiving special skin care.				17	15.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RICHLAND HILLS NURSING HOME

Street Address: 3109 KINGS COURT		City and State: FORT WORTH TX 76118	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 2	Medicaid Residents: 68	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	81	95.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	94.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	90.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	91.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	78.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	40.0	42.2	37.7
Completely bedfast residents.	40	47.1	13.5	3.4
Residents confined to chairs.	29	34.1	52.2	50.8
Residents requiring restraints.	47	55.3	39.0	41.3
Confused or disoriented residents.	69	81.2	60.2	58.4
Residents with bed sores.	10	11.8	8.5	7.1
Residents receiving special skin care.	1	1.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEWOOD MANOR NURSING HOME

Street Address:		City and State:	
201 SYCAMORE SCHOOL RD		FORT WORTH TX 76134	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
138	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	50.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	71.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	55.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	54.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	39.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	0.7	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	17.4	31.6	29.3
Completely bedfast residents.	1	0.7	10.4	3.6
Residents confined to chairs.	46	33.3	46.1	39.1
Residents requiring restraints.	40	29.0	31.7	31.7
Confused or disoriented residents.	39	28.3	59.0	55.8
Residents with bed sores.	7	5.1	5.1	4.7
Residents receiving special skin care.	24	17.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER OAKS CARE CENTER

Street Address:		City and State:	
2416 N W 18TH STREET		FORT WORTH TX 76106	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	123	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
108	0	78			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	68.5	81.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		79	73.1	77.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		61	56.5	66.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		72	66.7	64.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	63.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	1.7	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	31.5	31.6	29.3
Completely bedfast residents.		3	2.8	10.4	3.6
Residents confined to chairs.		44	40.7	46.1	39.1
Residents requiring restraints.		36	33.3	31.7	31.7
Confused or disoriented residents.		63	58.3	59.0	55.8
Residents with bed sores.		6	5.6	5.1	4.7
Residents receiving special skin care.		11	10.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANDFORD CONVALESCENT CENTER HEMPHILL

Street Address:		City and State:	
1617 HEMPHILL STREET		FORT WORTH TX 76104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
89	1	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	73.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	87.6	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	86.5	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	75.3	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	51.7	42.2	37.7
Completely bedfast residents.	2	2.2	13.5	3.4
Residents confined to chairs.	58	65.2	52.2	50.8
Residents requiring restraints.	31	34.8	39.0	41.3
Confused or disoriented residents.	65	73.0	60.2	58.4
Residents with bed sores.	12	13.5	8.5	7.1
Residents receiving special skin care.	72	80.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANFORD CONV CENTER PENN

Street Address: 901 PENNSYLVANIA		City and State: FORT WORTH TX 76104	
Participation: MEDICAID ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 37	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	97.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	80.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	70.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	70.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.0	31.6	29.3
Completely bedfast residents.	1	2.5	10.4	3.6
Residents confined to chairs.	29	72.5	46.1	39.1
Residents requiring restraints.	18	45.0	31.7	31.7
Confused or disoriented residents.	28	70.0	59.0	55.8
Residents with bed sores.	1	2.5	5.1	4.7
Residents receiving special skin care.	1	2.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANFORD CONV CENTER 8TH AVE

Street Address:		City and State:	
1535 PENNSYLVANIA AVE		FORT WORTH TX 76104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	89	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	69.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	59.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	45.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	62.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	39.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	13.6	31.6	29.3
Completely bedfast residents.	1	1.5	10.4	3.6
Residents confined to chairs.	25	37.9	46.1	39.1
Residents requiring restraints.	12	18.2	31.7	31.7
Confused or disoriented residents.	34	51.5	59.0	55.8
Residents with bed sores.	2	3.0	5.1	4.7
Residents receiving special skin care.	6	9.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANFORD CONVALESCENT CENTER JENNINGS

Street Address:		City and State:	
929 HEMPHILL STREET		FORT WORTH TX 76104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	70.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	76.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	77.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	65.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	70.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.4	31.6	29.3
Completely bedfast residents.	1	1.5	10.4	3.6
Residents confined to chairs.	29	43.3	46.1	39.1
Residents requiring restraints.	6	9.0	31.7	31.7
Confused or disoriented residents.	54	80.6	59.0	55.8
Residents with bed sores.	5	7.5	5.1	4.7
Residents receiving special skin care.	8	11.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATSON MEMORIAL NURSING HOME

Street Address:		City and State:	
5000 E LANCASTER		FORT WORTH TX 76103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	69	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
67	0	31	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	71.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	71.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	71.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	62.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	58.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	5	7.5	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	26.9	31.6	29.3
Completely bedfast residents.	1	1.5	10.4	3.6
Residents confined to chairs.	39	58.2	46.1	39.1
Residents requiring restraints.	26	38.8	31.7	31.7
Confused or disoriented residents.	60	89.6	59.0	55.8
Residents with bed sores.	2	3.0	5.1	4.7
Residents receiving special skin care.	5	7.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEBBER NURSING CENTER

Street Address:		City and State:	
4900 E BERRY STREET		FORT WORTH TX 76105	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	145	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
140	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	78.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	115	82.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	57.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	57.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	57.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	19.3	31.6	29.3
Completely bedfast residents.	5	3.6	10.4	3.6
Residents confined to chairs.	65	46.4	46.1	39.1
Residents requiring restraints.	10	7.1	31.7	31.7
Confused or disoriented residents.	140	100	59.0	55.8
Residents with bed sores.	2	1.4	5.1	4.7
Residents receiving special skin care.	4	2.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEDGEWOOD NURSING HOME

Street Address:		City and State:	
6621 DAN DANCINGER RD		FORT WORTH TX 76133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
106	0	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	97.2	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	93.4	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	86.8	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	78.3	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	75.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	28.3	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	80	75.5	52.2	50.8
Residents requiring restraints.	47	44.3	39.0	41.3
Confused or disoriented residents.	90	84.9	60.2	58.4
Residents with bed sores.	9	8.5	8.5	7.1
Residents receiving special skin care.	36	34.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST SIDE CARE CENTER INC

Street Address: 1950 LAS VEGAS TRAIL SOUTH		City and State: FORT WORTH TX 76108	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
112	4	23			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		112	100	84.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		111	99.1	83.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		106	94.6	74.0	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		100	89.3	73.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		104	92.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.		2	1.8	1.3	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		67	59.8	42.2	37.7
Completely bedfast residents.		39	34.8	13.5	3.4
Residents confined to chairs.		25	22.3	52.2	50.8
Residents requiring restraints.		35	31.3	39.0	41.3
Confused or disoriented residents.		44	39.3	60.2	58.4
Residents with bed sores.		3	2.7	8.5	7.1
Residents receiving special skin care.		16	14.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTERN HILLS NURSING HOME

Street Address:		City and State:	
8001 WESTERN HILLS BLVD		FORT WORTH TX 76108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	270	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
246	1	151		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	184	74.8	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	193	78.5	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	166	67.5	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	57.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	153	62.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	1.6	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	31.3	42.2	37.7
Completely bedfast residents.	8	3.3	13.5	3.4
Residents confined to chairs.	117	47.6	52.2	50.8
Residents requiring restraints.	60	24.4	39.0	41.3
Confused or disoriented residents.	103	41.9	60.2	58.4
Residents with bed sores.	6	2.4	8.5	7.1
Residents receiving special skin care.	37	15.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKLIN NURSING HOME

Street Address:		City and State:	
700 HEARNE STREET		FRANKLIN TX 77856	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
46	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	89.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	100	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	80.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	65.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	73.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	50.0	31.6	29.3
Completely bedfast residents.	2	4.3	10.4	3.6
Residents confined to chairs.	18	39.1	46.1	39.1
Residents requiring restraints.	16	34.8	31.7	31.7
Confused or disoriented residents.	28	60.9	59.0	55.8
Residents with bed sores.	4	8.7	5.1	4.7
Residents receiving special skin care.	7	15.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKSTON NURSING CENTER

Street Address:		City and State:	
HWY 155 BOX 66		FRANKSTON TX 75763	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	76	PROPRIETARY	04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	81.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	73.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	78.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	73.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.0	31.6	29.3
Completely bedfast residents.	14	20.3	10.4	3.6
Residents confined to chairs.	32	46.4	46.1	39.1
Residents requiring restraints.	25	36.2	31.7	31.7
Confused or disoriented residents.	33	47.8	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	11	15.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROWNS NURSING HOME

Street Address:		City and State:	
619 WEST LIVE OAK ROAD		FREDERICKSBURG TX 78624	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	92	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
72	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	77.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	70.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	56.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	34.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	14	19.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	33.3	31.6	29.3
Completely bedfast residents.	3	4.2	10.4	3.6
Residents confined to chairs.	41	56.9	46.1	39.1
Residents requiring restraints.	19	26.4	31.7	31.7
Confused or disoriented residents.	22	30.6	59.0	55.8
Residents with bed sores.	6	8.3	5.1	4.7
Residents receiving special skin care.	7	9.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	12	1.6	255	4.7
MET	45	5.9	748	13.7
MET	46	6.0	601	11.0
NOT MET	184	23.9	1385	25.3
MET	41	5.3	1045	19.1
MET	7	0.9	269	4.9
MET	35	4.6	311	5.7
MET	32	4.2	481	8.8
MET	40	5.2	479	8.8
MET	61	7.9	1064	19.4
MET	58	7.5	1169	21.4
MET	0	0.0	0	0.0
MET	0	0.0	0	0.0
MET	0	0.0	0	0.0
MET	37	4.8	267	4.9
MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREDERICKSBURG NURSING HOME

Street Address: 1117 SOUTH ADAMS		City and State: FREDERICKSBURG TX 78624	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	98.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	88.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	64.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	52.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	31.4	31.6	29.3
Completely bedfast residents.	8	11.4	10.4	3.6
Residents confined to chairs.	35	50.0	46.1	39.1
Residents requiring restraints.	36	51.4	31.7	31.7
Confused or disoriented residents.	34	48.6	59.0	55.8
Residents with bed sores.	5	7.1	5.1	4.7
Residents receiving special skin care.	20	28.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOPP NURSING RETIREMENT HOME 2

Street Address:		City and State:	
202 HOLLMIG LANE		FREDERICKSBURG TX 78624	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	98.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	51.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	44.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	41.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	29.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	8.6	31.6	29.3
Completely bedfast residents.	1	1.7	10.4	3.6
Residents confined to chairs.	20	34.5	46.1	39.1
Residents requiring restraints.	7	12.1	31.7	31.7
Confused or disoriented residents.	7	12.1	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	3	5.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOPP NURSING HOME INC

Street Address: ROUTE 1 BOX 311		City and State: FREDERICKSBURG TX 78624	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 132	Type of Ownership: PROPRIETARY	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 2	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	93.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	66.9	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	75.4	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	74.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	69.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	39.2	42.2	37.7
Completely bedfast residents.	6	4.6	13.5	3.4
Residents confined to chairs.	62	47.7	52.2	50.8
Residents requiring restraints.	63	48.5	39.0	41.3
Confused or disoriented residents.	88	67.7	60.2	58.4
Residents with bed sores.	6	4.6	8.5	7.1
Residents receiving special skin care.	24	18.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSWOOD ARMS CONV CENTER

Street Address: 213 HERITAGE DR		City and State: FRIENDSWOOD TX 77546	
Participation: MEDICAID ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 46	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	80.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	72	81.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	72	81.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	69.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	65.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	34.1	31.6	29.3
Completely bedfast residents.	11	12.5	10.4	3.6
Residents confined to chairs.	56	63.6	46.1	39.1
Residents requiring restraints.	12	13.6	31.7	31.7
Confused or disoriented residents.	68	77.3	59.0	55.8
Residents with bed sores.	1	1.1	5.1	4.7
Residents receiving special skin care.	3	3.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRAIRIE ACRES

Street Address: 201 E 15TH ST		City and State: FRIONA TX 79035	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 31	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	57	93.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	45	73.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	73.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	78.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	60.7	31.6	29.3
Completely bedfast residents.	3	4.9	10.4	3.6
Residents confined to chairs.	35	57.4	46.1	39.1
Residents requiring restraints.	42	68.9	31.7	31.7
Confused or disoriented residents.	46	75.4	59.0	55.8
Residents with bed sores.	2	3.3	5.1	4.7
Residents receiving special skin care.	3	4.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRONTIER MANOR

Street Address:		City and State:	
1907 REFINERY RD		GAINESVILLE TX 76240	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	118	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
105	0	70		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	99.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	93	88.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	88.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	70.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	29.5	31.6	29.3
Completely bedfast residents.	9	8.6	10.4	3.6
Residents confined to chairs.	60	57.1	46.1	39.1
Residents requiring restraints.	71	67.6	31.7	31.7
Confused or disoriented residents.	105	100	59.0	55.8
Residents with bed sores.	5	4.8	5.1	4.7
Residents receiving special skin care.	4	3.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GAINESVILLE CONVALESCENT CTR

Street Address:		City and State:	
1900 O'NEAL STREET		GAINESVILLE TX 76240	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
101	0	86		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	98.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	71.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	57.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	76.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	53.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.7	31.6	29.3
Completely bedfast residents.	12	11.9	10.4	3.6
Residents confined to chairs.	31	30.7	46.1	39.1
Residents requiring restraints.	22	21.8	31.7	31.7
Confused or disoriented residents.	76	75.2	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	85	84.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GAINESVILLE MEMORIAL HOSPITAL

Street Address:		City and State:	
1016 RITCHEY STREET		GAINESVILLE TX 76240	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	22	NON-PROFIT OTHER	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	60.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	100	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	40.0	42.2	37.7
Completely bedfast residents.	1	20.0	13.5	3.4
Residents confined to chairs.	1	20.0	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	0	0.0	60.2	58.4
Residents with bed sores.	1	20.0	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK TREE LODGE

Street Address:		City and State:	
ONE MILE PARK ROAD BLACK HILL DR		GAINESVILLE TX 76240	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	48	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
42	0	23	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	73.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	81.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	50.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	45.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	47.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	6	14.3	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	19.0	31.6	29.3
Completely bedfast residents.	3	7.1	10.4	3.6
Residents confined to chairs.	15	35.7	46.1	39.1
Residents requiring restraints.	6	14.3	31.7	31.7
Confused or disoriented residents.	39	92.9	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	4	9.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS HOSPITAL

Street Address: 404 ST MARYS BLVD		City and State: GALVESTON TX 77550	
Participation: MEDICARE SNF	# of Beds: 322	Type of Ownership: PROPRIETARY	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	Medicare Residents: 6	Medicaid Residents: 1		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	8	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	5	62.5	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	50.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	37.5	42.2	37.7
Completely bedfast residents.	2	25.0	13.5	3.4
Residents confined to chairs.	2	25.0	52.2	50.8
Residents requiring restraints.	2	25.0	39.0	41.3
Confused or disoriented residents.	6	75.0	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	8	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TURNER GERIATRIC CENTER-ICF

Street Address:		City and State:	
2228 SEAWALL BLVD		GALVESTON TX 77550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	164	NON-PROFIT RELIGIOUS	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
150	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	86.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	60.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	96	64.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	53.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	64.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	20.0	31.6	29.3
Completely bedfast residents.	2	1.3	10.4	3.6
Residents confined to chairs.	73	48.7	46.1	39.1
Residents requiring restraints.	73	48.7	31.7	31.7
Confused or disoriented residents.	69	46.0	59.0	55.8
Residents with bed sores.	13	8.7	5.1	4.7
Residents receiving special skin care.	13	8.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN OF GANADO

Street Address: 205 W ROGERS ST		City and State: GANADO TX 77962	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 43
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	41	73.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	37	66.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	62.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	60.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	39.3	31.6	29.3
Completely bedfast residents.	3	5.4	10.4	3.6
Residents confined to chairs.	29	51.8	46.1	39.1
Residents requiring restraints.	17	30.4	31.7	31.7
Confused or disoriented residents.	51	91.1	59.0	55.8
Residents with bed sores.	1	1.8	5.1	4.7
Residents receiving special skin care.	17	30.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASTLE MANOR

Street Address: 1922 CASTLE DR		City and State: GARLAND TX 75040	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 0	Medicaid Residents: 61
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	40	47.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	75.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	71.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	71.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	54.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	39.3	31.6	29.3
Completely bedfast residents.	13	15.5	10.4	3.6
Residents confined to chairs.	36	42.9	46.1	39.1
Residents requiring restraints.	34	40.5	31.7	31.7
Confused or disoriented residents.	41	48.8	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	21	25.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARLAND CONVALESCENT CTR

Street Address: 321 N SHILOH RD		City and State: GARLAND TX 75042	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 89	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	68.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	89	76.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	62.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	63.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	25.0	31.6	29.3
Completely bedfast residents.	9	7.8	10.4	3.6
Residents confined to chairs.	55	47.4	46.1	39.1
Residents requiring restraints.	34	29.3	31.7	31.7
Confused or disoriented residents.	62	53.4	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	17	14.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SERENITY HAVEN NURSING HOME

Street Address:		City and State:	
106 NORTH BELTLINE ROAD		GARLAND TX 75040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
113	0	91	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	71.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	67.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	83	73.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	71.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	58.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	40.7	31.6	29.3
Completely bedfast residents.	7	6.2	10.4	3.6
Residents confined to chairs.	74	65.5	46.1	39.1
Residents requiring restraints.	50	44.2	31.7	31.7
Confused or disoriented residents.	75	66.4	59.0	55.8
Residents with bed sores.	9	8.0	5.1	4.7
Residents receiving special skin care.	33	29.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVER LEAVES NURSING HOME

Street Address:		City and State:	
505 W CENTERVILLE		GARLAND TX 75040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	61	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	93.3	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	88.9	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	86.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	86.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	44.4	42.2	37.7
Completely bedfast residents.	8	17.8	13.5	3.4
Residents confined to chairs.	25	55.6	52.2	50.8
Residents requiring restraints.	45	100	39.0	41.3
Confused or disoriented residents.	27	60.0	60.2	58.4
Residents with bed sores.	3	6.7	8.5	7.1
Residents receiving special skin care.	25	55.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARRISON NH INC

Street Address:		City and State:	
ELM STREET		GARRISON TX 75946	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	43	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	83.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	75.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	64.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	59.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	48.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	29.7	31.6	29.3
Completely bedfast residents.	6	16.2	10.4	3.6
Residents confined to chairs.	8	21.6	46.1	39.1
Residents requiring restraints.	3	8.1	31.7	31.7
Confused or disoriented residents.	17	45.9	59.0	55.8
Residents with bed sores.	2	5.4	5.1	4.7
Residents receiving special skin care.	5	13.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA

Street Address:		City and State:	
2525 OSAGE		GATESVILLE TX 76528	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	210	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	89.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	83.8	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	53.8	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	51.3	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	54.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	45.3	42.2	37.7
Completely bedfast residents.	10	8.5	13.5	3.4
Residents confined to chairs.	48	41.0	52.2	50.8
Residents requiring restraints.	38	32.5	39.0	41.3
Confused or disoriented residents.	76	65.0	60.2	58.4
Residents with bed sores.	5	4.3	8.5	7.1
Residents receiving special skin care.	21	17.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	5	1.8	201	2.1
MET	3	1.1	518	5.5
MET	1	0.4	168	1.8
MET	3	1.1	806	8.5
MET	22	8.0	1618	17.1
MET	2	0.7	36	0.4
MET	0	0.0	205	2.2
MET	0	0.0	30	0.3
MET	0	0.0	145	1.5
MET	0	0.0	49	0.5
MET	18	6.5	508	5.4
MET	46	16.7	2816	29.8
MET	36	13.1	1733	18.3
MET	15	5.5	1052	11.1
MET	7	2.5	1512	16.0
MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSIDE MANOR NURSING CENTER

Street Address: 101 S 34TH ST		City and State: GATESVILLE TX 76528	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 0	Medicaid Residents: 66	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	91.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	81.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	63.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	48.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	65.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	31.6	29.3
Completely bedfast residents.	3	3.2	10.4	3.6
Residents confined to chairs.	47	50.5	46.1	39.1
Residents requiring restraints.	28	30.1	31.7	31.7
Confused or disoriented residents.	80	86.0	59.0	55.8
Residents with bed sores.	4	4.3	5.1	4.7
Residents receiving special skin care.	13	14.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEORGETOWN SWEETBRIAR NH INC

Street Address:		City and State:	
NORTH SAN GABRIEL PARK RD		GEORGETOWN TX 78626	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
117	0	85			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		116	99.1	81.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		84	71.8	77.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		92	78.6	66.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	54.7	64.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	72.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	1.7	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	28.2	31.6	29.3
Completely bedfast residents.		3	2.6	10.4	3.6
Residents confined to chairs.		82	70.1	46.1	39.1
Residents requiring restraints.		45	38.5	31.7	31.7
Confused or disoriented residents.		75	64.1	59.0	55.8
Residents with bed sores.		5	4.3	5.1	4.7
Residents receiving special skin care.		117	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEYAN NH

Street Address: 2001 SCENIC DRIVE		City and State: GEORGETOWN TX 78626	
Participation: MEDICAID ICF	# of Beds: 180	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	Medicare Residents: 0	Medicaid Residents: 32			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		108	97.3	81.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		100	90.1	77.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		105	94.6	66.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		101	91.0	64.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		105	94.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.		8	7.2	1.7	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	33.3	31.6	29.3
Completely bedfast residents.		0	0.0	10.4	3.6
Residents confined to chairs.		97	87.4	46.1	39.1
Residents requiring restraints.		58	52.3	31.7	31.7
Confused or disoriented residents.		107	96.4	59.0	55.8
Residents with bed sores.		2	1.8	5.1	4.7
Residents receiving special skin care.		26	23.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GIDDINGS CONVALESCENT CENTER

Street Address: 1747 E HEMPSTEAD		City and State: GIDDINGS TX 78942	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	56.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	91.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	69.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	54.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	60.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	31.6	29.3
Completely bedfast residents.	1	2.2	10.4	3.6
Residents confined to chairs.	10	21.7	46.1	39.1
Residents requiring restraints.	3	6.5	31.7	31.7
Confused or disoriented residents.	30	65.2	59.0	55.8
Residents with bed sores.	2	4.3	5.1	4.7
Residents receiving special skin care.	3	6.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HENNESSEY NH INC

Street Address: 1181 N WILLIAMSON ST		City and State: GIDDINGS TX 78942	
Participation: MEDICAID ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 58	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	69	87.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	44	55.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	43	54.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	58.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	50.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	36.7	31.6	29.3
Completely bedfast residents.	1	1.3	10.4	3.6
Residents confined to chairs.	24	30.4	46.1	39.1
Residents requiring restraints.	25	31.6	31.7	31.7
Confused or disoriented residents.	35	44.3	59.0	55.8
Residents with bed sores.	1	1.3	5.1	4.7
Residents receiving special skin care.	7	8.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GILMER CONVALESCENT AND NURSING CENTER

Street Address:		City and State:	
703 NORTH TITUS STREET		GILMER TX 75644	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	86.8	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	68.9	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	65.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	84.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	57.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	23.6	42.2	37.7
Completely bedfast residents.	4	3.8	13.5	3.4
Residents confined to chairs.	57	53.8	52.2	50.8
Residents requiring restraints.	41	38.7	39.0	41.3
Confused or disoriented residents.	52	49.1	60.2	58.4
Residents with bed sores.	3	2.8	8.5	7.1
Residents receiving special skin care.	35	33.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEISURE LODGE NURSING HOME

Street Address:		City and State:	
1704 BRADFORD STREET		GILMER TX 75644	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	0	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	82.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	56.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	52.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	50.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	47.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	33.7	31.6	29.3
Completely bedfast residents.	12	15.0	10.4	3.6
Residents confined to chairs.	33	41.2	46.1	39.1
Residents requiring restraints.	33	41.2	31.7	31.7
Confused or disoriented residents.	54	67.5	59.0	55.8
Residents with bed sores.	6	7.5	5.1	4.7
Residents receiving special skin care.	10	12.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN OF GLADEWATER

Street Address:		City and State:	
300 N MONEY ST		GLADEWATER TX 75647	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	80	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	80.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	74.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	62.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	5	10.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	40.0	31.6	29.3
Completely bedfast residents.	2	4.0	10.4	3.6
Residents confined to chairs.	23	46.0	46.1	39.1
Residents requiring restraints.	19	38.0	31.7	31.7
Confused or disoriented residents.	25	50.0	59.0	55.8
Residents with bed sores.	4	8.0	5.1	4.7
Residents receiving special skin care.	6	12.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK MANOR NH

Street Address: BOX 1467 HWY 80 EAST		City and State: GLADEWATER TX 75647	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 94
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	87.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	55	47.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	90	77.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	44.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	54.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	9	7.8	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	60	51.7	31.6	29.3
Completely bedfast residents.	32	27.6	10.4	3.6
Residents confined to chairs.	20	17.2	46.1	39.1
Residents requiring restraints.	25	21.6	31.7	31.7
Confused or disoriented residents.	67	57.8	59.0	55.8
Residents with bed sores.	5	4.3	5.1	4.7
Residents receiving special skin care.	19	16.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN ROSE NURSING HOME

Street Address:		City and State:	
1309 HOLDEN ST		GLEN ROSE TX 76043	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	42	PROPRIETARY	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	78.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	83.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	64.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	76.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	64.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	31.0	31.6	29.3
Completely bedfast residents.	3	7.1	10.4	3.6
Residents confined to chairs.	14	33.3	46.1	39.1
Residents requiring restraints.	14	33.3	31.7	31.7
Confused or disoriented residents.	26	61.9	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	40	95.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLD STAR NURSING HOME

Street Address: 1207 REYNOLDS BOX 607		City and State: GOLDTHWAITE TX 76844	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 134	Type of Ownership: PROPRIETARY	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 61
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	84.4	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	58.9	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	55.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	60.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	54.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	26.7	42.2	37.7
Completely bedfast residents.	9	10.0	13.5	3.4
Residents confined to chairs.	35	38.9	52.2	50.8
Residents requiring restraints.	28	31.1	39.0	41.3
Confused or disoriented residents.	72	80.0	60.2	58.4
Residents with bed sores.	8	8.9	8.5	7.1
Residents receiving special skin care.	4	4.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLVIEW MANOR

Street Address: 1110 RICE ST		City and State: GOLDTHWAITE TX 76844	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 25
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	35	85.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	34	82.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	61.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	63.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	31.6	29.3
Completely bedfast residents.	2	4.9	10.4	3.6
Residents confined to chairs.	24	58.5	46.1	39.1
Residents requiring restraints.	15	36.6	31.7	31.7
Confused or disoriented residents.	17	41.5	59.0	55.8
Residents with bed sores.	1	2.4	5.1	4.7
Residents receiving special skin care.	20	48.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLIAD MANOR

Street Address: 106 N WELCH STREET		City and State: GOLIAD TX 77963	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	76.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	47	79.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	47	79.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	71.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	44.1	31.6	29.3
Completely bedfast residents.	7	11.9	10.4	3.6
Residents confined to chairs.	38	64.4	46.1	39.1
Residents requiring restraints.	28	47.5	31.7	31.7
Confused or disoriented residents.	55	93.2	59.0	55.8
Residents with bed sores.	7	11.9	5.1	4.7
Residents receiving special skin care.	10	16.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN OF GONZALES

Street Address: RT 4 BOX 145		City and State: GONZALES TX 78629	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	82.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	79.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	66.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	52.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	67.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	29.5	31.6	29.3
Completely bedfast residents.	3	3.8	10.4	3.6
Residents confined to chairs.	43	55.1	46.1	39.1
Residents requiring restraints.	20	25.6	31.7	31.7
Confused or disoriented residents.	70	89.7	59.0	55.8
Residents with bed sores.	2	2.6	5.1	4.7
Residents receiving special skin care.	78	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARTWHEEL LODGE OF GONZALES

Street Address:		City and State:	
1800 CARTWHEEL DRIVE DRAWER 659		GONZALES TX 78629	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	98	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	0	65		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	73.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	75.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	83.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	71.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	74.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	17	18.9	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	32.2	31.6	29.3
Completely bedfast residents.	2	2.2	10.4	3.6
Residents confined to chairs.	62	68.9	46.1	39.1
Residents requiring restraints.	64	71.1	31.7	31.7
Confused or disoriented residents.	56	62.2	59.0	55.8
Residents with bed sores.	1	1.1	5.1	4.7
Residents receiving special skin care.	90	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF GORMAN

Street Address:		City and State:	
600 W ROOSEVELT		GORMAN TX 76454	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	97	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	92.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	70.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	70.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	65.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	40.0	31.6	29.3
Completely bedfast residents.	31	56.4	10.4	3.6
Residents confined to chairs.	7	12.7	46.1	39.1
Residents requiring restraints.	25	45.5	31.7	31.7
Confused or disoriented residents.	30	54.5	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	8	14.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.7
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURGESS MANOR NURSING CENTER

Street Address:		City and State:	
1309 BRAZOS STREET		GRAHAM TX 76046	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	64	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
51	0	36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	39	76.5	81.7	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	42	82.4	77.7	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	43	84.3	66.9	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	66.7	64.7	66.0	
Incontinence					
Residents with catheters or partial or total loss of bowel or bladder control.	40	78.4	61.6	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	18	35.3	31.6	29.3	
Completely bedfast residents.	2	3.9	10.4	3.6	
Residents confined to chairs.	28	54.9	46.1	39.1	
Residents requiring restraints.	19	37.3	31.7	31.7	
Confused or disoriented residents.	33	64.7	59.0	55.8	
Residents with bed sores.	4	7.8	5.1	4.7	
Residents receiving special skin care.	4	7.8	23.2	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN TERRACE NURSING CENTER

Street Address:		City and State:	
1224 CORVADURA STREET		GRAHAM TX 76046	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	1	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	95.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	93.5	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	62.4	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	63.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	52.7	42.2	37.7
Completely bedfast residents.	19	20.4	13.5	3.4
Residents confined to chairs.	26	28.0	52.2	50.8
Residents requiring restraints.	23	24.7	39.0	41.3
Confused or disoriented residents.	41	44.1	60.2	58.4
Residents with bed sores.	4	4.3	8.5	7.1
Residents receiving special skin care.	30	32.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAHAM OAKS CARE CENTER

Street Address: 1325 FIRST STREET		City and State: GRAHAM TX 76046	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	3	100	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	100	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	100	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	33.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	2	66.7	46.1	39.1
Residents requiring restraints.	2	66.7	31.7	31.7
Confused or disoriented residents.	2	66.7	59.0	55.8
Residents with bed sores.	1	33.3	5.1	4.7
Residents receiving special skin care.	2	66.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANBURY CARE CENTER

Street Address: 301 PARK DRIVE		City and State: GRANBURY TX 76048	
Participation: MEDICAID ICF	# of Beds: 121	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 82	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	77.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	78.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	84	73.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	73.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	72.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	44.3	31.6	29.3
Completely bedfast residents.	31	27.0	10.4	3.6
Residents confined to chairs.	39	33.9	46.1	39.1
Residents requiring restraints.	50	43.5	31.7	31.7
Confused or disoriented residents.	90	78.3	59.0	55.8
Residents with bed sores.	6	5.2	5.1	4.7
Residents receiving special skin care.	10	8.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW HOME INC

Street Address:		City and State:	
600 REUNION ST		GRANBURY TX 76048	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	108	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
100	0	63	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	84.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	100	100	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	83.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	13.0	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	65	65.0	46.1	39.1
Residents requiring restraints.	64	64.0	31.7	31.7
Confused or disoriented residents.	68	68.0	59.0	55.8
Residents with bed sores.	3	3.0	5.1	4.7
Residents receiving special skin care.	10	10.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREAT SOUTHWEST CONVALESCENT CENTER

Street Address:		City and State:	
2337 DOREEN STREET		GRAND PRAIRIE TX 75050	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	96.2	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	88.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	81.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	97.2	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	68.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	34.9	42.2	37.7
Completely bedfast residents.	10	9.4	13.5	3.4
Residents confined to chairs.	70	66.0	52.2	50.8
Residents requiring restraints.	27	25.5	39.0	41.3
Confused or disoriented residents.	71	67.0	60.2	58.4
Residents with bed sores.	7	6.6	8.5	7.1
Residents receiving special skin care.	10	9.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KERN PLACE

Street Address: 820 SMALL ST		City and State: GRAND PRAIRIE TX 75050	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	12	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	11	91.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	83.3	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	83.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	58.3	42.2	37.7
Completely bedfast residents.	2	16.7	13.5	3.4
Residents confined to chairs.	7	58.3	52.2	50.8
Residents requiring restraints.	4	33.3	39.0	41.3
Confused or disoriented residents.	2	16.7	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE METROPLEX CARE CENTER

Street Address:		City and State:	
658 S W 3RD		GRAND PRAIRIE TX 75051	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	83.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	58.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	54.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	54.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	54.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	16.1	31.6	29.3
Completely bedfast residents.	11	8.9	10.4	3.6
Residents confined to chairs.	63	50.8	46.1	39.1
Residents requiring restraints.	61	49.2	31.7	31.7
Confused or disoriented residents.	47	37.9	59.0	55.8
Residents with bed sores.	3	2.4	5.1	4.7
Residents receiving special skin care.	28	22.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	3	0.4	65	1.2
MET	0	0.0	198	3.6
MET	2	0.3	79	1.4
MET	2	0.3	564	10.3
MET	58	7.5	798	14.6
MET	4	0.5	25	0.5
MET	2	0.3	89	1.6
MET	0	0.0	0	0.0
MET	1	0.1	25	0.5
MET	0	0.0	0	0.0
MET	42	5.5	335	6.1
MET	90	11.7	1187	21.7
MET	108	14.0	679	12.4
MET	34	4.4	382	7.0
MET	29	3.8	807	14.8
MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANDERSON MEMORIAL CARE HOMES INC

Street Address: ROUTE 4 BOX 218		City and State: GRAND SALINE TX 75140	
Participation: MEDICAID ICF	# of Beds: 76	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	69	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	71.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	56.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	50.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	58.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	34.8	31.6	29.3
Completely bedfast residents.	10	14.5	10.4	3.6
Residents confined to chairs.	19	27.5	46.1	39.1
Residents requiring restraints.	6	8.7	31.7	31.7
Confused or disoriented residents.	40	58.0	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	6	8.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND SALINE MANOR

Street Address: 411 SPRING CREEK RD		City and State: GRAND SALINE TX 75140	
Participation: MEDICAID ICF	# of Beds: 76	Type of Ownership: PROPRIETARY	Survey Date: 01/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	89.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	70.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	56.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	54.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	43.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.5	31.6	29.3
Completely bedfast residents.	8	14.5	10.4	3.6
Residents confined to chairs.	14	25.5	46.1	39.1
Residents requiring restraints.	5	9.1	31.7	31.7
Confused or disoriented residents.	36	65.5	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	12	21.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANDVIEW NH

Street Address: 501 W CRINER BOX 461		City and State: GRANDVIEW TX 76050	
Participation: MEDICAID ICF	# of Beds: 79	Type of Ownership: PROPRIETARY	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 50
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	38	50.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	67	89.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	45	60.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	54.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	37.3	31.6	29.3
Completely bedfast residents.	12	16.0	10.4	3.6
Residents confined to chairs.	43	57.3	46.1	39.1
Residents requiring restraints.	18	24.0	31.7	31.7
Confused or disoriented residents.	32	42.7	59.0	55.8
Residents with bed sores.	1	1.3	5.1	4.7
Residents receiving special skin care.	15	20.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLUEBONNET NURSING CTR OF GRANGER INC

Street Address: HIGHWAY 95 NORTH BOX 666		City and State: GRANGER TX 76530	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 35
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	91.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	76.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	67.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	61.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	19	32.2	46.1	39.1
Residents requiring restraints.	28	47.5	31.7	31.7
Confused or disoriented residents.	59	100	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	5	8.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAPELAND NURSING HOME

Street Address: U S HIGHWAY 287 AT CHURCH ST		City and State: GRAPELAND TX 75844	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	91.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	58	86.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	50	74.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	62.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	56.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	3	4.5	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	34.3	31.6	29.3
Completely bedfast residents.	1	1.5	10.4	3.6
Residents confined to chairs.	31	46.3	46.1	39.1
Residents requiring restraints.	25	37.3	31.7	31.7
Confused or disoriented residents.	30	44.8	59.0	55.8
Residents with bed sores.	12	17.9	5.1	4.7
Residents receiving special skin care.	14	20.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BROOKHOLLOW MANOR NURSING HOME INC

Street Address:		City and State:	
925 MINTERS CHAPEL ROAD		GRAPEVINE TX 76051	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	78	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	1	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	93.5	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	79.0	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	79.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	91.9	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	85.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	58.1	42.2	37.7
Completely bedfast residents.	14	22.6	13.5	3.4
Residents confined to chairs.	32	51.6	52.2	50.8
Residents requiring restraints.	18	29.0	39.0	41.3
Confused or disoriented residents.	50	80.6	60.2	58.4
Residents with bed sores.	10	16.1	8.5	7.1
Residents receiving special skin care.	7	11.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODRIDGE CONVALESCENT CENTER

Street Address: 1500 AUTUMN DRIVE		City and State: GRAPEVINE TX 76051	
Participation: MEDICAID ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 70
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	65.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	66	61.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	53.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	53.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	53.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	17.8	31.6	29.3
Completely bedfast residents.	19	17.8	10.4	3.6
Residents confined to chairs.	29	27.1	46.1	39.1
Residents requiring restraints.	34	31.8	31.7	31.7
Confused or disoriented residents.	44	41.1	59.0	55.8
Residents with bed sores.	3	2.8	5.1	4.7
Residents receiving special skin care.	13	12.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENCREST MANOR INC

Street Address:		City and State:	
FM1570 P O BOX 1134		GREENVILLE TX 75401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	112	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	0	59	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	53.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	56.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	50.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	50.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	50.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	32.0	31.6	29.3
Completely bedfast residents.	5	6.7	10.4	3.6
Residents confined to chairs.	47	62.7	46.1	39.1
Residents requiring restraints.	28	37.3	31.7	31.7
Confused or disoriented residents.	38	50.7	59.0	55.8
Residents with bed sores.	3	4.0	5.1	4.7
Residents receiving special skin care.	45	60.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

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NURSING HOME PROFILE GREENVILLE NURSING HOME INC

Street Address: 4910 WELLINGTON STREET		City and State: GREENVILLE TX 75401	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 86	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	72.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	74.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	74.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	74.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	51.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	21.5	31.6	29.3
Completely bedfast residents.	7	6.5	10.4	3.6
Residents confined to chairs.	24	22.4	46.1	39.1
Residents requiring restraints.	10	9.3	31.7	31.7
Confused or disoriented residents.	29	27.1	59.0	55.8
Residents with bed sores.	3	2.8	5.1	4.7
Residents receiving special skin care.	107	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOME FOR THE AGED PYTHIANS INC

Street Address:		City and State:	
6017 INTERSTATE 30		GREENVILLE TX 75401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	48	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
47	0	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	42.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	48.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	42.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	34.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	42.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.0	31.6	29.3
Completely bedfast residents.	7	14.9	10.4	3.6
Residents confined to chairs.	7	14.9	46.1	39.1
Residents requiring restraints.	5	10.6	31.7	31.7
Confused or disoriented residents.	25	53.2	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	9	19.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK HAVEN NURSING CENTER

Street Address: 3500 PARK STREET		City and State: GREENVILLE TX 75401	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 4	Medicaid Residents: 66
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	91	98.9	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	82	89.1	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	69	75.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	71.7	70.1	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	40.2	42.2	37.7
 Completely bedfast residents.	12	13.0	13.5	3.4
 Residents confined to chairs.	51	55.4	52.2	50.8
 Residents requiring restraints.	60	65.2	39.0	41.3
 Confused or disoriented residents.	62	67.4	60.2	58.4
 Residents with bed sores.	13	14.1	8.5	7.1
 Residents receiving special skin care.	92	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK PLAZA NURSING CENTER

Street Address: 6707 PARKSIDE DR		City and State: GROESBECK TX 76642	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 72	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	70.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	67.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	75.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	50.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	18.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	17.1	31.6	29.3
Completely bedfast residents.	1	1.2	10.4	3.6
Residents confined to chairs.	43	52.4	46.1	39.1
Residents requiring restraints.	26	31.7	31.7	31.7
Confused or disoriented residents.	82	100	59.0	55.8
Residents with bed sores.	4	4.9	5.1	4.7
Residents receiving special skin care.	4	4.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTHAVEN NURSING RESIDENCE

Street Address: 4400 GULF AVENUE		City and State: GROVES TX 77619	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: PROPRIETARY	Survey Date: 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	Medicare Residents: 7	Medicaid Residents: 78	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	9	7.4	84.3	81.5
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Dressing Residents requiring some or total assistance in dressing.	119	98.3	83.7	83.2
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Toileting Residents requiring some or total assistance in toileting.	99	81.8	74.0	73.8
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Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	87.6	73.5	77.2
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Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	91.7	70.1	68.2
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Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
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Eating Residents receiving tube feedings or requiring assistance with eating.	95	78.5	42.2	37.7
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Completely bedfast residents.	52	43.0	13.5	3.4
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Residents confined to chairs.	44	36.4	52.2	50.8
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Residents requiring restraints.	17	14.0	39.0	41.3
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Confused or disoriented residents.	29	24.0	60.2	58.4
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Residents with bed sores.	26	21.5	8.5	7.1
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Residents receiving special skin care.	22	18.2	25.4	31.2
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SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK GROVE NURSING HOME INC

Street Address:		City and State:	
6230 WARREN		GROVES TX 77619	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	126	PROPRIETARY	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
101	0	27	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	80.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	74	73.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	76.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	77.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	77.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	68.3	31.6	29.3
Completely bedfast residents.	39	38.6	10.4	3.6
Residents confined to chairs.	31	30.7	46.1	39.1
Residents requiring restraints.	25	24.8	31.7	31.7
Confused or disoriented residents.	92	91.1	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GROVETON NURSING HOME

Street Address: HWY 287 BOX 890		City and State: GROVETON TX 75845	
Participation: MEDICAID ICF	# of Beds: 35	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 25	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	29	96.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	22	73.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	22	73.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	66.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	63.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	40.0	31.6	29.3
Completely bedfast residents.	2	6.7	10.4	3.6
Residents confined to chairs.	12	40.0	46.1	39.1
Residents requiring restraints.	8	26.7	31.7	31.7
Confused or disoriented residents.	12	40.0	59.0	55.8
Residents with bed sores.	1	3.3	5.1	4.7
Residents receiving special skin care.	21	70.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP HAVEN

Street Address: 308 E COLLEGE		City and State: GUNTER TX 75058	
Participation: MEDICAID ICF	# of Beds: 215	Type of Ownership: PROPRIETARY	Survey Date: 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 197	Medicare Residents: 0	Medicaid Residents: 128	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	94.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	59.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	112	56.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	46.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	48.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	20.8	31.6	29.3
Completely bedfast residents.	70	35.5	10.4	3.6
Residents confined to chairs.	37	18.8	46.1	39.1
Residents requiring restraints.	85	43.1	31.7	31.7
Confused or disoriented residents.	105	53.3	59.0	55.8
Residents with bed sores.	4	2.0	5.1	4.7
Residents receiving special skin care.	19	9.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HI PLAINS NURSING HOME

Street Address:		City and State:	
202 W 3RD ST		HALE CENTER TX 79041	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	44	PROPRIETARY	02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
41	0	25		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	32	78.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	97.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	68.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	61.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	24.4	31.6	29.3
Completely bedfast residents.	5	12.2	10.4	3.6
Residents confined to chairs.	16	39.0	46.1	39.1
Residents requiring restraints.	8	19.5	31.7	31.7
Confused or disoriented residents.	14	34.1	59.0	55.8
Residents with bed sores.	2	4.9	5.1	4.7
Residents receiving special skin care.	2	4.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STEVENS CONVA CENTER

Street Address: 106 KAHN ST		City and State: HALLETTSVILLE TX 77964	
Participation: MEDICAID ICF	# of Beds: 190	Type of Ownership: PROPRIETARY	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 183	Medicare Residents: 0	Medicaid Residents: 128	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	85.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	141	77.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	122	66.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	59.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	60.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	33.3	31.6	29.3
Completely bedfast residents.	15	8.2	10.4	3.6
Residents confined to chairs.	95	51.9	46.1	39.1
Residents requiring restraints.	113	61.7	31.7	31.7
Confused or disoriented residents.	137	74.9	59.0	55.8
Residents with bed sores.	11	6.0	5.1	4.7
Residents receiving special skin care.	183	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST OAKS NURSING HOME

Street Address:		City and State:	
726 EAST COKE STREET		HAMILTON TX 76531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	28	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	80.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	76.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	57.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	84.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	53.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	46.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	13	50.0	46.1	39.1
Residents requiring restraints.	13	50.0	31.7	31.7
Confused or disoriented residents.	16	61.5	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMILTON NH

Street Address: 205 W GENTRY		City and State: HAMILTON TX 76531	
Participation: MEDICAID ICF	# of Beds: 41	Type of Ownership: PROPRIETARY	Survey Date: 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	Medicare Residents: 0	Medicaid Residents: 26	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	64.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	17	45.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	13	35.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	35.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	35.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	18.9	31.6	29.3
Completely bedfast residents.	2	5.4	10.4	3.6
Residents confined to chairs.	12	32.4	46.1	39.1
Residents requiring restraints.	3	8.1	31.7	31.7
Confused or disoriented residents.	14	37.8	59.0	55.8
Residents with bed sores.	1	2.7	5.1	4.7
Residents receiving special skin care.	5	13.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NURSING HOME

Street Address: 400 W GROGAN		City and State: HAMILTON TX 76531	
Participation: MEDICAID ICF	# of Beds: 78	Type of Ownership: PROPRIETARY	Survey Date: 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	58.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	36	62.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	37	63.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	62.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	32.8	31.6	29.3
Completely bedfast residents.	6	10.3	10.4	3.6
Residents confined to chairs.	30	51.7	46.1	39.1
Residents requiring restraints.	11	19.0	31.7	31.7
Confused or disoriented residents.	35	60.3	59.0	55.8
Residents with bed sores.	4	6.9	5.1	4.7
Residents receiving special skin care.	27	46.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEISURE LODGE HAMILTON

Street Address:		City and State:	
910 E PIERSON		HAMILTON TX 76531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	96	PROPRIETARY	09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	80.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	69.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	54.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	63.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	42.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	25.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	36	54.5	46.1	39.1
Residents requiring restraints.	16	24.2	31.7	31.7
Confused or disoriented residents.	21	31.8	59.0	55.8
Residents with bed sores.	2	3.0	5.1	4.7
Residents receiving special skin care.	15	22.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLIDAY LODGE

Street Address: 425 SW AVE F		City and State: HAMLIN TX 79520	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 50
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	65.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	74.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	56.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	56.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	41.4	31.6	29.3
Completely bedfast residents.	1	1.7	10.4	3.6
Residents confined to chairs.	28	48.3	46.1	39.1
Residents requiring restraints.	27	46.6	31.7	31.7
Confused or disoriented residents.	26	44.8	59.0	55.8
Residents with bed sores.	7	12.1	5.1	4.7
Residents receiving special skin care.	7	12.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN PALMS RETIREMENT & HEALTH CTR

Street Address:		City and State:	
2101 TREASURE HILLS BOULEVARD		HARLINGEN TX 78550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	60	PROPRIETARY	08/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	11	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	51.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	96.6	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	89.7	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	86.2	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	82.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	55.2	42.2	37.7
Completely bedfast residents.	2	6.9	13.5	3.4
Residents confined to chairs.	8	27.6	52.2	50.8
Residents requiring restraints.	14	48.3	39.0	41.3
Confused or disoriented residents.	11	37.9	60.2	58.4
Residents with bed sores.	1	3.4	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARLINGEN GOOD SAMARITAN CENTER

Street Address:		City and State:	
4301 SOUTH F STREET		HARLINGEN TX 78550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	112	NON-PROFIT RELIGIOUS	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	97.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	103	98.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	87	82.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	80.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	80.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	1.9	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	47.6	31.6	29.3
Completely bedfast residents.	8	7.6	10.4	3.6
Residents confined to chairs.	30	28.6	46.1	39.1
Residents requiring restraints.	56	53.3	31.7	31.7
Confused or disoriented residents.	83	79.0	59.0	55.8
Residents with bed sores.	1	1.0	5.1	4.7
Residents receiving special skin care.	3	2.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RETAMA MANOR NURSING CENTER

Street Address: 2201 PEASE ST		City and State: HARLINGEN TX 78550	
Participation: MEDICAID ICF	# of Beds: 169	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 0	Medicaid Residents: 101
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	91.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	116	89.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	61.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	53.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	50.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	21.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	80	61.5	46.1	39.1
Residents requiring restraints.	57	43.8	31.7	31.7
Confused or disoriented residents.	75	57.7	59.0	55.8
Residents with bed sores.	6	4.6	5.1	4.7
Residents receiving special skin care.	11	8.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUN VALLEY HEALTH CARE CENTER

Street Address: 2204 PEASE STREET		City and State: HARLINGEN TX 78550	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 1	Medicaid Residents: 83	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	90.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	76.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	73.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	74.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	4.7	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	43.9	42.2	37.7
Completely bedfast residents.	10	9.3	13.5	3.4
Residents confined to chairs.	65	60.7	52.2	50.8
Residents requiring restraints.	60	56.1	39.0	41.3
Confused or disoriented residents.	64	59.8	60.2	58.4
Residents with bed sores.	9	8.4	8.5	7.1
Residents receiving special skin care.	21	19.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HASKELL NURSING CENTER

Street Address: 1504 N 1ST ST		City and State: HASKELL TX 79521	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 43
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	78.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	63.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	50.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	46.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	38.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	21.2	31.6	29.3
Completely bedfast residents.	1	1.9	10.4	3.6
Residents confined to chairs.	31	59.6	46.1	39.1
Residents requiring restraints.	8	15.4	31.7	31.7
Confused or disoriented residents.	23	44.2	59.0	55.8
Residents with bed sores.	2	3.8	5.1	4.7
Residents receiving special skin care.	7	13.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RICE SPRINGS CARE HOME

Street Address: ROUTE 1 BOX 640		City and State: HASKELL TX 79521	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 49
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	60.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	72.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	58.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	57.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	44.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	29.3	31.6	29.3
Completely bedfast residents.	4	5.3	10.4	3.6
Residents confined to chairs.	35	46.7	46.1	39.1
Residents requiring restraints.	17	22.7	31.7	31.7
Confused or disoriented residents.	37	49.3	59.0	55.8
Residents with bed sores.	5	6.7	5.1	4.7
Residents receiving special skin care.	10	13.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAWKINS CARE CENTER

Street Address: 230 SOUTH BEULAH		City and State: HAWKINS TX 75765	
Participation: MEDICAID ICF	# of Beds: 46	Type of Ownership: PROPRIETARY	Survey Date: 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	91.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	39	86.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	34	75.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	77.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	80.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	11.1	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	22	48.9	46.1	39.1
Residents requiring restraints.	13	28.9	31.7	31.7
Confused or disoriented residents.	43	95.6	59.0	55.8
Residents with bed sores.	2	4.4	5.1	4.7
Residents receiving special skin care.	14	31.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEISURE LODGE HEARNE

Street Address: 1100 BROWN ST		City and State: HEARNE TX 77859	
Participation: MEDICAID ICF	# of Beds: 148	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	96.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	75	85.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	55.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	53.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	55.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	29.5	31.6	29.3
Completely bedfast residents.	3	3.4	10.4	3.6
Residents confined to chairs.	50	56.8	46.1	39.1
Residents requiring restraints.	41	46.6	31.7	31.7
Confused or disoriented residents.	88	100	59.0	55.8
Residents with bed sores.	8	9.1	5.1	4.7
Residents receiving special skin care.	8	9.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEMPHILL CARE CENTER

Street Address:		City and State:	
FM 83 WEST		HEMPHILL TX 75948	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	3	100	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	100	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	100	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	1	33.3	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	0	0.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RETIREMENT CARE CENTER OF HEMPSTEAD

Street Address:		City and State:	
1111 SAN ANTONIO		HEMPSTEAD TX 77445	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	110	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
85	0	54		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	65.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	54.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	43.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	47.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	42.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	31.8	31.6	29.3
Completely bedfast residents.	19	22.4	10.4	3.6
Residents confined to chairs.	20	23.5	46.1	39.1
Residents requiring restraints.	18	21.2	31.7	31.7
Confused or disoriented residents.	36	42.4	59.0	55.8
Residents with bed sores.	9	10.6	5.1	4.7
Residents receiving special skin care.	4	4.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HENDERSON MEMORIAL HOSP

Street Address:		City and State:	
300 WILSON		HENDERSON TX 75652	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	16	NON-PROFIT OTHER	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	11	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	72.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	81.8	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	90.9	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	81.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	54.5	42.2	37.7
Completely bedfast residents.	4	36.4	13.5	3.4
Residents confined to chairs.	1	9.1	52.2	50.8
Residents requiring restraints.	2	18.2	39.0	41.3
Confused or disoriented residents.	4	36.4	60.2	58.4
Residents with bed sores.	2	18.2	8.5	7.1
Residents receiving special skin care.	3	27.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEISURE LODGE ENDERSON

Street Address: 1010 W MAIN ST		City and State: ENDERSON TX 75652	
Participation: MEDICAID ICF	# of Beds: 179	Type of Ownership: PROPRIETARY	Survey Date: 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	Medicare Residents: 0	Medicaid Residents: 131
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	75.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	108	68.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	108	68.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	68.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	60.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	26.6	31.6	29.3
Completely bedfast residents.	33	20.9	10.4	3.6
Residents confined to chairs.	47	29.7	46.1	39.1
Residents requiring restraints.	22	13.9	31.7	31.7
Confused or disoriented residents.	70	44.3	59.0	55.8
Residents with bed sores.	6	3.8	5.1	4.7
Residents receiving special skin care.	7	4.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHWOOD CONVALESCENT CENTER

Street Address: HWY 259 AND 79 SOUTH		City and State: HENDERSON TX 75652	
Participation: MEDICAID ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	Medicare Residents: 0	Medicaid Residents: 99		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	91.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	134	91.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	121	82.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	82.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	46.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	20.5	31.6	29.3
Completely bedfast residents.	43	29.5	10.4	3.6
Residents confined to chairs.	54	37.0	46.1	39.1
Residents requiring restraints.	50	34.2	31.7	31.7
Confused or disoriented residents.	60	41.1	59.0	55.8
Residents with bed sores.	5	3.4	5.1	4.7
Residents receiving special skin care.	37	25.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE MANOR NURSING CENTER OF HENRIETTA

Street Address: HIGHWAY 287 EAST		City and State: HENRIETTA TX 76365	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 58	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	85.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	56.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	53.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	53.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	59.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.9	31.6	29.3
Completely bedfast residents.	22	32.8	10.4	3.6
Residents confined to chairs.	15	22.4	46.1	39.1
Residents requiring restraints.	25	37.3	31.7	31.7
Confused or disoriented residents.	45	67.2	59.0	55.8
Residents with bed sores.	2	3.0	5.1	4.7
Residents receiving special skin care.	10	14.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HENRIETTA CARE CENTER

Street Address: 807 W BOIS D ARC		City and State: HENRIETTA TX 76365	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	46	76.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	28	46.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	40.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	46.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	46.7	31.6	29.3
Completely bedfast residents.	20	33.3	10.4	3.6
Residents confined to chairs.	13	21.7	46.1	39.1
Residents requiring restraints.	29	48.3	31.7	31.7
Confused or disoriented residents.	40	66.7	59.0	55.8
Residents with bed sores.	6	10.0	5.1	4.7
Residents receiving special skin care.	3	5.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN PLAINS CARE CENTER OF HEREFORD

Street Address:		City and State:	
420 RANGER DRIVE		HEREFORD TX 79045	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	84.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	55.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	49.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	30.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	14.3	31.6	29.3
Completely bedfast residents.	7	11.1	10.4	3.6
Residents confined to chairs.	25	39.7	46.1	39.1
Residents requiring restraints.	3	4.8	31.7	31.7
Confused or disoriented residents.	50	79.4	59.0	55.8
Residents with bed sores.	11	17.5	5.1	4.7
Residents receiving special skin care.	9	14.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGS MANOR METHODIST HOME INC

Street Address: 430 RANGER DR		City and State: HEREFORD TX 79045	
Participation: MEDICAID ICF	# of Beds: 79	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 21	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	75.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	75.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	83.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	70.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	33.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	15	62.5	46.1	39.1
Residents requiring restraints.	13	54.2	31.7	31.7
Confused or disoriented residents.	12	50.0	59.0	55.8
Residents with bed sores.	1	4.2	5.1	4.7
Residents receiving special skin care.	20	83.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE NH

Street Address:		City and State:	
RAILROAD AND HEMPHILL STS		HICO TX 76457	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	114	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
93	0	75		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	96.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	71	76.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	61	65.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	78.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	64.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	29.0	31.6	29.3
Completely bedfast residents.	1	1.1	10.4	3.6
Residents confined to chairs.	45	48.4	46.1	39.1
Residents requiring restraints.	57	61.3	31.7	31.7
Confused or disoriented residents.	72	77.4	59.0	55.8
Residents with bed sores.	7	7.5	5.1	4.7
Residents receiving special skin care.	50	53.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF HILLSBORO

Street Address: RT 3 BOX 304		City and State: HILLSBORO TX 76645	
Participation: MEDICAID ICF	# of Beds: 166	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 84
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	66.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	61.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	58.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	55.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	65.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	27.7	31.6	29.3
Completely bedfast residents.	43	38.4	10.4	3.6
Residents confined to chairs.	49	43.8	46.1	39.1
Residents requiring restraints.	15	13.4	31.7	31.7
Confused or disoriented residents.	58	51.8	59.0	55.8
Residents with bed sores.	4	3.6	5.1	4.7
Residents receiving special skin care.	33	29.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN HALL ESTATES

Street Address:		City and State:	
300 HAPPY LANE		HILLSBORO TX 76645	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	118	NON-PROFIT RELIGIOUS	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	82.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	73.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	78	70.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	65.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	55.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	32.4	31.6	29.3
Completely bedfast residents.	12	10.8	10.4	3.6
Residents confined to chairs.	61	55.0	46.1	39.1
Residents requiring restraints.	45	40.5	31.7	31.7
Confused or disoriented residents.	56	50.5	59.0	55.8
Residents with bed sores.	8	7.2	5.1	4.7
Residents receiving special skin care.	8	7.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COASTAL PINES CARE CENTER

Street Address: 6701 F M 2004		City and State: HITCHCOCK TX 77563	
Participation: MEDICAID ICF	# of Beds: 61	Type of Ownership: PROPRIETARY	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	7.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	76.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	65.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	54.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	76.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	29.1	31.6	29.3
Completely bedfast residents.	27	49.1	10.4	3.6
Residents confined to chairs.	4	7.3	46.1	39.1
Residents requiring restraints.	14	25.5	31.7	31.7
Confused or disoriented residents.	38	69.1	59.0	55.8
Residents with bed sores.	3	5.5	5.1	4.7
Residents receiving special skin care.	19	34.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE K-WAY KARE REST HOME

Street Address: 610 JOSEPHINE ST		City and State: HOLLAND TX 76534	
Participation: MEDICAID ICF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	Medicare Residents: 0	Medicaid Residents: 16
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	96.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	92.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	70.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	48.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	77.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	33.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	8	29.6	46.1	39.1
Residents requiring restraints.	12	44.4	31.7	31.7
Confused or disoriented residents.	27	100	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	3	11.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY CARE CENTER OF HONDO

Street Address: 2001 AVE E		City and State: HONDO TX 78861	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 1	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	86.3	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	74.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	71.2	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	64.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	37.0	42.2	37.7
Completely bedfast residents.	7	9.6	13.5	3.4
Residents confined to chairs.	43	58.9	52.2	50.8
Residents requiring restraints.	25	34.2	39.0	41.3
Confused or disoriented residents.	58	79.5	60.2	58.4
Residents with bed sores.	7	9.6	8.5	7.1
Residents receiving special skin care.	11	15.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR CARE CTR OF HONDO INC

Street Address: 3002 AVE Q		City and State: HONDO TX 78861	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 83
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	98.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	100	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	89.9	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.9	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	84.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	60.6	42.2	37.7
Completely bedfast residents.	3	3.0	13.5	3.4
Residents confined to chairs.	71	71.7	52.2	50.8
Residents requiring restraints.	54	54.5	39.0	41.3
Confused or disoriented residents.	93	93.9	60.2	58.4
Residents with bed sores.	4	4.0	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GROVE MANOR NURSING HOME

Street Address: RT 2		City and State: HONEY GROVE TX 75446	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 61		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	98.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	56.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	63.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	50.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	32.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	9.9	31.6	29.3
Completely bedfast residents.	1	1.4	10.4	3.6
Residents confined to chairs.	39	54.9	46.1	39.1
Residents requiring restraints.	14	19.7	31.7	31.7
Confused or disoriented residents.	54	76.1	59.0	55.8
Residents with bed sores.	4	5.6	5.1	4.7
Residents receiving special skin care.	12	16.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AFTON OAKS NURSING CENTER

Street Address: 7514 KINGSLEY		City and State: HOUSTON TX 77087	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 169	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	Medicare Residents: 2	Medicaid Residents: 108
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	77.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	81.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	62.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	77.1	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	60.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	39.2	42.2	37.7
Completely bedfast residents.	23	15.0	13.5	3.4
Residents confined to chairs.	87	56.9	52.2	50.8
Residents requiring restraints.	32	20.9	39.0	41.3
Confused or disoriented residents.	36	23.5	60.2	58.4
Residents with bed sores.	23	15.0	8.5	7.1
Residents receiving special skin care.	60	39.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALDINE HEALTH CARE CTR INC

Street Address: 10110 AIRLINE		City and State: HOUSTON TX 77037	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 197	Type of Ownership: PROPRIETARY	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 0	Medicaid Residents: 87	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	63.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	87.4	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	70.9	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	75.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	61.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	38.8	42.2	37.7
Completely bedfast residents.	5	4.9	13.5	3.4
Residents confined to chairs.	68	66.0	52.2	50.8
Residents requiring restraints.	41	39.8	39.0	41.3
Confused or disoriented residents.	39	37.9	60.2	58.4
Residents with bed sores.	10	9.7	8.5	7.1
Residents receiving special skin care.	27	26.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALL SEASONS CARE CENTER

Street Address:		City and State:	
6150 S LOOP E		HOUSTON TX 77087	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	81.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	82.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	64.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	50.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	52.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	32.4	31.6	29.3
Completely bedfast residents.	19	18.1	10.4	3.6
Residents confined to chairs.	38	36.2	46.1	39.1
Residents requiring restraints.	26	24.8	31.7	31.7
Confused or disoriented residents.	95	90.5	59.0	55.8
Residents with bed sores.	2	1.9	5.1	4.7
Residents receiving special skin care.	30	28.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN HILLS CONVALESCENT CENTER

Street Address: 617 WEST JANISCH		City and State: HOUSTON TX 77018	
Participation: MEDICAID ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 69	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	90.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	72.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	54.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	44.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	47.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.6	31.6	29.3
Completely bedfast residents.	4	4.1	10.4	3.6
Residents confined to chairs.	57	58.8	46.1	39.1
Residents requiring restraints.	27	27.8	31.7	31.7
Confused or disoriented residents.	50	51.5	59.0	55.8
Residents with bed sores.	6	6.2	5.1	4.7
Residents receiving special skin care.	24	24.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYOU GLEN JONES ROAD

Street Address:		City and State:	
10851 CRESENT MOON		HOUSTON TX 77064	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	180	PROPRIETARY	02/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	40.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	104	77.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	73.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	60.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	30.4	31.6	29.3
Completely bedfast residents.	5	3.7	10.4	3.6
Residents confined to chairs.	72	53.3	46.1	39.1
Residents requiring restraints.	41	30.4	31.7	31.7
Confused or disoriented residents.	76	56.3	59.0	55.8
Residents with bed sores.	5	3.7	5.1	4.7
Residents receiving special skin care.	41	30.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYOU GLEN NORTHWEST

Street Address:		City and State:	
7215 WINDFERN		HOUSTON TX 77040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	180	PROPRIETARY	05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
164	0	99	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	89.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	144	87.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	118	72.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	57.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	64.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	25.6	31.6	29.3
Completely bedfast residents.	5	3.0	10.4	3.6
Residents confined to chairs.	95	57.9	46.1	39.1
Residents requiring restraints.	5	3.0	31.7	31.7
Confused or disoriented residents.	122	74.4	59.0	55.8
Residents with bed sores.	1	0.6	5.1	4.7
Residents receiving special skin care.	17	10.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYOU GLEN TOWN PARK

Street Address: 8820 TOWN PARK		City and State: HOUSTON TX 77036	
Participation: MEDICAID ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 38
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	100	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	89.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	57.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	35.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	35.7	31.6	29.3
Completely bedfast residents.	4	7.1	10.4	3.6
Residents confined to chairs.	37	66.1	46.1	39.1
Residents requiring restraints.	36	64.3	31.7	31.7
Confused or disoriented residents.	49	87.5	59.0	55.8
Residents with bed sores.	2	3.6	5.1	4.7
Residents receiving special skin care.	31	55.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BENNER CONV CENTER

Street Address:		City and State:	
3510 SHERMAN STREET		HOUSTON TX 77003	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	117	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
98	0	86		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	99.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	87.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	83.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	64.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	66.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	26.5	31.6	29.3
Completely bedfast residents.	2	2.0	10.4	3.6
Residents confined to chairs.	64	65.3	46.1	39.1
Residents requiring restraints.	39	39.8	31.7	31.7
Confused or disoriented residents.	58	59.2	59.0	55.8
Residents with bed sores.	3	3.1	5.1	4.7
Residents receiving special skin care.	22	22.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BUCKNER BAPTIST HAVEN

Street Address: 12601 MEMORIAL DR		City and State: HOUSTON TX 77024	
Participation: MEDICAID ICF	# of Beds: 153	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 10	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	87.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	71.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	78.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	73.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	51.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	14	25.0	46.1	39.1
Residents requiring restraints.	33	58.9	31.7	31.7
Confused or disoriented residents.	42	75.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	17	30.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF HOUSTON

Street Address: 4225 DENMARK ST		City and State: HOUSTON TX 77016	
Participation: MEDICAID ICF	# of Beds: 83	Type of Ownership: PROPRIETARY	Survey Date: 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
58		0		53			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				53	91.4	81.7	78.3
Dressing							
Residents requiring some or total assistance in dressing.				53	91.4	77.7	76.7
Toileting							
Residents requiring some or total assistance in toileting.				53	91.4	66.9	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				53	91.4	64.7	66.0
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				53	91.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	1.7	6.1
Eating							
Residents receiving tube feedings or requiring assistance with eating.				36	62.1	31.6	29.3
Completely bedfast residents.				23	39.7	10.4	3.6
Residents confined to chairs.				18	31.0	46.1	39.1
Residents requiring restraints.				15	25.9	31.7	31.7
Confused or disoriented residents.				15	25.9	59.0	55.8
Residents with bed sores.				4	6.9	5.1	4.7
Residents receiving special skin care.				51	87.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COURTYARD CONVALESCENT CENTER

Street Address:		City and State:	
7499 STANDWICK		HOUSTON TX 77087	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	1	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	87.8	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	86.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	77.8	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	77.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	86.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	56.7	42.2	37.7
Completely bedfast residents.	25	27.8	13.5	3.4
Residents confined to chairs.	51	56.7	52.2	50.8
Residents requiring restraints.	26	28.9	39.0	41.3
Confused or disoriented residents.	54	60.0	60.2	58.4
Residents with bed sores.	17	18.9	8.5	7.1
Residents receiving special skin care.	18	20.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CYPRESS FAIRBANKS MED CTR HOSP

Street Address:		City and State:	
10655 STEEPLETOP DRIVE		HOUSTON TX 77065	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	22	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
10	9	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		10	100	84.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		10	100	83.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		10	100	74.0	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		10	100	73.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		9	90.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.		1	10.0	1.3	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	50.0	42.2	37.7
Completely bedfast residents.		1	10.0	13.5	3.4
Residents confined to chairs.		6	60.0	52.2	50.8
Residents requiring restraints.		2	20.0	39.0	41.3
Confused or disoriented residents.		7	70.0	60.2	58.4
Residents with bed sores.		1	10.0	8.5	7.1
Residents receiving special skin care.		2	20.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE MANOR BELLFORT INC

Street Address:		City and State:	
7633 BELLFORT BLVD		HOUSTON TX 77061	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
188	0	112		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	94.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	169	89.9	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	179	95.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	78.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	76.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	47.9	42.2	37.7
Completely bedfast residents.	35	18.6	13.5	3.4
Residents confined to chairs.	114	60.6	52.2	50.8
Residents requiring restraints.	110	58.5	39.0	41.3
Confused or disoriented residents.	139	73.9	60.2	58.4
Residents with bed sores.	31	16.5	8.5	7.1
Residents receiving special skin care.	54	28.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE MANOR LONG POINT INC

Street Address: 8810 LONG POINT RD		City and State: HOUSTON TX 77055	
Participation: MEDICAID ICF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 0	Medicaid Residents: 67	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	92.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	74.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	117	74.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	72.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	78.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	6	3.8	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	57.3	31.6	29.3
Completely bedfast residents.	8	5.1	10.4	3.6
Residents confined to chairs.	90	57.3	46.1	39.1
Residents requiring restraints.	76	48.4	31.7	31.7
Confused or disoriented residents.	106	67.5	59.0	55.8
Residents with bed sores.	4	2.5	5.1	4.7
Residents receiving special skin care.	12	7.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE MANOR NORTH LOOP

Street Address:		City and State:	
1737 NORTH LOOP W		HOUSTON TX 77008	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
187	0	120	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	157	84.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	161	86.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	82.4	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	81.8	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	144	77.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	43.3	42.2	37.7
Completely bedfast residents.	9	4.8	13.5	3.4
Residents confined to chairs.	107	57.2	52.2	50.8
Residents requiring restraints.	81	43.3	39.0	41.3
Confused or disoriented residents.	91	48.7	60.2	58.4
Residents with bed sores.	28	15.0	8.5	7.1
Residents receiving special skin care.	36	19.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE MANOR ROOKIN

Street Address: 6500 ROOKIN STREET		City and State: HOUSTON TX 77074	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 284	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	Medicare Residents: 1	Medicaid Residents: 171		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	191	85.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	192	86.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	161	72.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	85.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	158	70.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	10	4.5	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	37.2	42.2	37.7
Completely bedfast residents.	105	47.1	13.5	3.4
Residents confined to chairs.	67	30.0	52.2	50.8
Residents requiring restraints.	81	36.3	39.0	41.3
Confused or disoriented residents.	127	57.0	60.2	58.4
Residents with bed sores.	16	7.2	8.5	7.1
Residents receiving special skin care.	30	13.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENTREE CONVALESCENT CENTER

Street Address: 7210 NORTHLINE DRIVE		City and State: HOUSTON TX 77076	
Participation: MEDICAID ICF	# of Beds: 204	Type of Ownership: PROPRIETARY	Survey Date: 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 0	Medicaid Residents: 48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	68.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	93.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	62.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	64.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	61.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	58.4	31.6	29.3
Completely bedfast residents.	10	9.9	10.4	3.6
Residents confined to chairs.	54	53.5	46.1	39.1
Residents requiring restraints.	56	55.4	31.7	31.7
Confused or disoriented residents.	46	45.5	59.0	55.8
Residents with bed sores.	3	3.0	5.1	4.7
Residents receiving special skin care.	25	24.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEIGHTS HOSPITAL

Street Address: 1917 ASHLAND		City and State: HOUSTON TX 77008	
Participation: MEDICARE SNF	# of Beds: 35	Type of Ownership: PROPRIETARY	Survey Date: 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	Medicare Residents: 5	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	80.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	60.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	60.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	60.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	60.0	42.2	37.7
Completely bedfast residents.	3	60.0	13.5	3.4
Residents confined to chairs.	0	0.0	52.2	50.8
Residents requiring restraints.	3	60.0	39.0	41.3
Confused or disoriented residents.	4	80.0	60.2	58.4
Residents with bed sores.	4	80.0	8.5	7.1
Residents receiving special skin care.	5	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column Indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERMANN PARK MANOR

Street Address: 5600 CHENEVERT		City and State: HOUSTON TX 77004	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 185	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	Medicare Residents: 0	Medicaid Residents: 134	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	80.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	155	90.6	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	91.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	86.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	69.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	98	57.3	42.2	37.7
Completely bedfast residents.	2	1.2	13.5	3.4
Residents confined to chairs.	141	82.5	52.2	50.8
Residents requiring restraints.	22	12.9	39.0	41.3
Confused or disoriented residents.	160	93.6	60.2	58.4
Residents with bed sores.	24	14.0	8.5	7.1
Residents receiving special skin care.	28	16.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND PARK CARE CENTER

Street Address:		City and State:	
2714 MORRISON		HOUSTON TX 77009	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	67	PROPRIETARY	03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	98.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	77.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	82.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	70.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	34.4	31.6	29.3
Completely bedfast residents.	6	9.8	10.4	3.6
Residents confined to chairs.	22	36.1	46.1	39.1
Residents requiring restraints.	10	16.4	31.7	31.7
Confused or disoriented residents.	40	65.6	59.0	55.8
Residents with bed sores.	3	4.9	5.1	4.7
Residents receiving special skin care.	4	6.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACINTO CITY HEALTH CARE CTR

Street Address:		City and State:	
1405 HOLLAND AVE		HOUSTON TX 77029	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	160	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
88	0	70		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	94.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	83	94.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	56.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	60.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	56.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	9.1	31.6	29.3
Completely bedfast residents.	1	1.1	10.4	3.6
Residents confined to chairs.	36	40.9	46.1	39.1
Residents requiring restraints.	28	31.8	31.7	31.7
Confused or disoriented residents.	43	48.9	59.0	55.8
Residents with bed sores.	6	6.8	5.1	4.7
Residents receiving special skin care.	10	11.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANDA ANN WATKINS CONV HOME

Street Address: 730 W 23RD		City and State: HOUSTON TX 77008	
Participation: MEDICAID ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 76
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	87.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	89	96.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	65.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	15.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	60	65.2	46.1	39.1
Residents requiring restraints.	27	29.3	31.7	31.7
Confused or disoriented residents.	60	65.2	59.0	55.8
Residents with bed sores.	10	10.9	5.1	4.7
Residents receiving special skin care.	16	17.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE SHARPVIEW

Street Address: 7505 BELLERIVE		City and State: HOUSTON TX 77036	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 6	Medicaid Residents: 35	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	80.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	88.0	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	94.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	88.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	60.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	4.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.0	42.2	37.7
Completely bedfast residents.	8	16.0	13.5	3.4
Residents confined to chairs.	40	80.0	52.2	50.8
Residents requiring restraints.	34	68.0	39.0	41.3
Confused or disoriented residents.	40	80.0	60.2	58.4
Residents with bed sores.	7	14.0	8.5	7.1
Residents receiving special skin care.	7	14.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY NURSING HOME

Street Address: 3901 LOS ANGELES		City and State: HOUSTON TX 77026	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	56.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	58.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	87.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	58.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	68.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	9.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	25	61.0	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	23	56.1	59.0	55.8
Residents with bed sores.	1	2.4	5.1	4.7
Residents receiving special skin care.	1	2.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTROSE CARE CENTER

Street Address:		City and State:	
3508 MILAM		HOUSTON TX 77002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	148	PROPRIETARY	02/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	77.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	79.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	84	70.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	65.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	54.6	31.6	29.3
Completely bedfast residents.	3	2.5	10.4	3.6
Residents confined to chairs.	67	56.3	46.1	39.1
Residents requiring restraints.	75	63.0	31.7	31.7
Confused or disoriented residents.	90	75.6	59.0	55.8
Residents with bed sores.	4	3.4	5.1	4.7
Residents receiving special skin care.	25	21.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTROSE CARE CENTER

Street Address:		City and State:	
3508 MILAM		HOUSTON TX 77002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	148	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
28	0	28	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	89.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	89.3	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	82.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	57.1	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	57.1	42.2	37.7
Completely bedfast residents.	7	25.0	13.5	3.4
Residents confined to chairs.	13	46.4	52.2	50.8
Residents requiring restraints.	10	35.7	39.0	41.3
Confused or disoriented residents.	26	92.9	60.2	58.4
Residents with bed sores.	5	17.9	8.5	7.1
Residents receiving special skin care.	28	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH SHORES HEALTH CARE CENTER

Street Address:		City and State:	
12350 WOOD BAYOU		HOUSTON TX 77013	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
126	0	110		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	88.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	83.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	105	83.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	83.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	80.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	49.2	31.6	29.3
Completely bedfast residents.	53	42.1	10.4	3.6
Residents confined to chairs.	49	38.9	46.1	39.1
Residents requiring restraints.	68	54.0	31.7	31.7
Confused or disoriented residents.	68	54.0	59.0	55.8
Residents with bed sores.	12	9.5	5.1	4.7
Residents receiving special skin care.	3	2.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHWAY HEALTHCARE CENTER

Street Address: 5329 NORTH FREEWAY		City and State: HOUSTON TX 77022	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 167	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	Medicare Residents: 1	Medicaid Residents: 135	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	58.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	141	93.4	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	132	87.4	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	90.1	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	75.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	45.7	42.2	37.7
Completely bedfast residents.	42	27.8	13.5	3.4
Residents confined to chairs.	81	53.6	52.2	50.8
Residents requiring restraints.	64	42.4	39.0	41.3
Confused or disoriented residents.	90	59.6	60.2	58.4
Residents with bed sores.	10	6.6	8.5	7.1
Residents receiving special skin care.	81	53.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEVEN ACRES JEWISH GERIATRIC CTR INC

Street Address: 6200 NORTH BRAESWOOD		City and State: HOUSTON TX 77075	
Participation: MEDICAID ICF	# of Beds: 281	Type of Ownership: PROPRIETARY	Survey Date: 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 269	Medicare Residents: 0	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	172	63.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	189	70.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	179	66.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	65.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	59.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	0.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	123	45.7	31.6	29.3
Completely bedfast residents.	2	0.7	10.4	3.6
Residents confined to chairs.	145	53.9	46.1	39.1
Residents requiring restraints.	41	15.2	31.7	31.7
Confused or disoriented residents.	140	52.0	59.0	55.8
Residents with bed sores.	14	5.2	5.1	4.7
Residents receiving special skin care.	96	35.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVER THREADS NURSING CENTER

Street Address: 3402 VINTAGE ST		City and State: HOUSTON TX 77026	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 0	Medicaid Residents: 61	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	93.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	81.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	92.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	76.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	86.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.1	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	64.6	31.6	29.3
Completely bedfast residents.	2	3.1	10.4	3.6
Residents confined to chairs.	36	55.4	46.1	39.1
Residents requiring restraints.	17	26.2	31.7	31.7
Confused or disoriented residents.	60	92.3	59.0	55.8
Residents with bed sores.	1	1.5	5.1	4.7
Residents receiving special skin care.	4	6.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRING BRANCH HEALTHCARE CENTER

Street Address: 8955 LONG POINT RD		City and State: HOUSTON TX 77055	
Participation: MEDICAID ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 63	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	91.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	84.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	57.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	56.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	59.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	7.3	31.6	29.3
Completely bedfast residents.	25	26.0	10.4	3.6
Residents confined to chairs.	38	39.6	46.1	39.1
Residents requiring restraints.	30	31.3	31.7	31.7
Confused or disoriented residents.	52	54.2	59.0	55.8
Residents with bed sores.	12	12.5	5.1	4.7
Residents receiving special skin care.	30	31.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRING SHADOWS PINES

Street Address:		City and State:	
3003 N GESSNER		HOUSTON TX 77080	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	164	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
38	2	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	89.5	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	81.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	84.2	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	89.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	47.4	42.2	37.7
Completely bedfast residents.	3	7.9	13.5	3.4
Residents confined to chairs.	29	76.3	52.2	50.8
Residents requiring restraints.	14	36.8	39.0	41.3
Confused or disoriented residents.	24	63.2	60.2	58.4
Residents with bed sores.	3	7.9	8.5	7.1
Residents receiving special skin care.	15	39.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST DOMINIC NURSING HOME

Street Address: 6502 GRAND		City and State: HOUSTON TX 77021	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 36
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	98.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	101	87.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	86	74.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	82.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	63.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	56.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	77	67.0	46.1	39.1
Residents requiring restraints.	48	41.7	31.7	31.7
Confused or disoriented residents.	86	74.8	59.0	55.8
Residents with bed sores.	7	6.1	5.1	4.7
Residents receiving special skin care.	28	24.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STONEBROOK HEALTHCARE CENTER

Street Address:		City and State:	
3808 STONEYBROOK		HOUSTON TX 77063	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	112	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	85.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	83	91.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	80.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	82.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	12.1	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	70	76.9	46.1	39.1
Residents requiring restraints.	46	50.5	31.7	31.7
Confused or disoriented residents.	74	81.3	59.0	55.8
Residents with bed sores.	2	2.2	5.1	4.7
Residents receiving special skin care.	23	25.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE VILLAGE HEALTHCARE CENTER

Street Address:		City and State:	
1341 BLALOCK RD		HOUSTON TX 77055	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	240	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
109	0	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	98.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	78.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	61.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	40.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	59.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	13	11.9	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	28.4	31.6	29.3
Completely bedfast residents.	2	1.8	10.4	3.6
Residents confined to chairs.	43	39.4	46.1	39.1
Residents requiring restraints.	36	33.0	31.7	31.7
Confused or disoriented residents.	87	79.8	59.0	55.8
Residents with bed sores.	2	1.8	5.1	4.7
Residents receiving special skin care.	80	73.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THOMAS CARE CENTER

Street Address: 3827 W FUQUA		City and State: HOUSTON TX 77045	
Participation: MEDICAID ICF	# of Beds: 250	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	Medicare Residents: 0	Medicaid Residents: 49
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	71.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	82.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	72.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	79.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	62.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	19.4	31.6	29.3
Completely bedfast residents.	18	29.0	10.4	3.6
Residents confined to chairs.	24	38.7	46.1	39.1
Residents requiring restraints.	27	43.5	31.7	31.7
Confused or disoriented residents.	32	51.6	59.0	55.8
Residents with bed sores.	7	11.3	5.1	4.7
Residents receiving special skin care.	8	12.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN PARK CONVALESCENT CENTER

Street Address: 5925 ALMEDA ROAD		City and State: HOUSTON TX 77004	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 4	Medicaid Residents: 94	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	77.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	81.9	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	76.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	76.2	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	76.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	48.6	42.2	37.7
Completely bedfast residents.	40	38.1	13.5	3.4
Residents confined to chairs.	45	42.9	52.2	50.8
Residents requiring restraints.	95	90.5	39.0	41.3
Confused or disoriented residents.	69	65.7	60.2	58.4
Residents with bed sores.	22	21.0	8.5	7.1
Residents receiving special skin care.	69	65.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TWELVE OAKS HOSPITAL

Street Address:		City and State:	
4200 PORTSMOUTH STREET		HOUSTON TX 77027	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	48	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
20	14	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	100	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	100	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	100	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	90.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	10.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	95.0	42.2	37.7
Completely bedfast residents.	13	65.0	13.5	3.4
Residents confined to chairs.	4	20.0	52.2	50.8
Residents requiring restraints.	14	70.0	39.0	41.3
Confused or disoriented residents.	15	75.0	60.2	58.4
Residents with bed sores.	8	40.0	8.5	7.1
Residents receiving special skin care.	19	95.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA NORTHWEST CONVALESCENT CTR

Street Address: 17600 CALI DR		City and State: HOUSTON TX 77090	
Participation: MEDICAID ICF	# of Beds: 165	Type of Ownership: PROPRIETARY	Survey Date: 01/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	Medicare Residents: 0	Medicaid Residents: 66
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	94.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	122	91.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	100	75.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	88.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	85.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	61.7	31.6	29.3
Completely bedfast residents.	13	9.8	10.4	3.6
Residents confined to chairs.	70	52.6	46.1	39.1
Residents requiring restraints.	55	41.4	31.7	31.7
Confused or disoriented residents.	91	68.4	59.0	55.8
Residents with bed sores.	8	6.0	5.1	4.7
Residents receiving special skin care.	52	39.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA NORTHWEST CONV CENTER

Street Address: 17600 CALI DRIVE		City and State: HOUSTON TX 77090	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 165	Type of Ownership: PROPRIETARY	Survey Date: 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	Medicare Residents: 0	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	92.4	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	141	97.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	75.9	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	76.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	85.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	99	68.3	42.2	37.7
Completely bedfast residents.	66	45.5	13.5	3.4
Residents confined to chairs.	47	32.4	52.2	50.8
Residents requiring restraints.	70	48.3	39.0	41.3
Confused or disoriented residents.	124	85.5	60.2	58.4
Residents with bed sores.	8	5.5	8.5	7.1
Residents receiving special skin care.	30	20.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILEYVALE NURSING HOME

Street Address: 7915 WILEYVALE		City and State: HOUSTON TX 77016	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 86	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	80.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	81.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	72.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	66.7	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	75.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	42.2	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	52	57.8	52.2	50.8
Residents requiring restraints.	26	28.9	39.0	41.3
Confused or disoriented residents.	39	43.3	60.2	58.4
Residents with bed sores.	6	6.7	8.5	7.1
Residents receiving special skin care.	27	30.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINTER HAVEN NH

Street Address:		City and State:	
6534 STUEBNER AIRLINE		HOUSTON TX 77091	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	151	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
141	0	100		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	95.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	130	92.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	103	73.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	84.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	76.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	0.7	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	25.5	31.6	29.3
Completely bedfast residents.	67	47.5	10.4	3.6
Residents confined to chairs.	59	41.8	46.1	39.1
Residents requiring restraints.	60	42.6	31.7	31.7
Confused or disoriented residents.	90	63.8	59.0	55.8
Residents with bed sores.	3	2.1	5.1	4.7
Residents receiving special skin care.	57	40.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKVIEW MANOR NURSING CENTER

Street Address: 6TH AND HICKORY		City and State: HUBBARD TX 76648	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 43	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	58.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	51.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	50.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	44.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.6	31.6	29.3
Completely bedfast residents.	1	1.8	10.4	3.6
Residents confined to chairs.	19	33.9	46.1	39.1
Residents requiring restraints.	7	12.5	31.7	31.7
Confused or disoriented residents.	24	42.9	59.0	55.8
Residents with bed sores.	7	12.5	5.1	4.7
Residents receiving special skin care.	17	30.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUGHES SPRINGS NH

Street Address: N TAYLOR ST BOX 158		City and State: HUGHES SPRINGS TX 75656	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	62.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	62.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	53.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	48.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	44.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	32.6	31.6	29.3
Completely bedfast residents.	18	41.9	10.4	3.6
Residents confined to chairs.	8	18.6	46.1	39.1
Residents requiring restraints.	2	4.7	31.7	31.7
Confused or disoriented residents.	12	27.9	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	5	11.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THERON GRAINGER NH

Street Address:		City and State:	
HWY 161 SOUTH BOX 368		HUGHES SPRINGS TX 75656	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	69	PROPRIETARY	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
63	0	51		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	87.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	76.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	52.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	47.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	60.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	31.7	31.6	29.3
Completely bedfast residents.	27	42.9	10.4	3.6
Residents confined to chairs.	9	14.3	46.1	39.1
Residents requiring restraints.	29	46.0	31.7	31.7
Confused or disoriented residents.	43	68.3	59.0	55.8
Residents with bed sores.	2	3.2	5.1	4.7
Residents receiving special skin care.	5	7.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN ACRES CONV CENTER

Street Address:		City and State:	
93 ISAACKS ROAD		HUMBLE TX 77338	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	134	PROPRIETARY	02/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	87.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	87.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	65.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	79.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	51.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	31.7	31.6	29.3
Completely bedfast residents.	6	7.3	10.4	3.6
Residents confined to chairs.	47	57.3	46.1	39.1
Residents requiring restraints.	26	31.7	31.7	31.7
Confused or disoriented residents.	38	46.3	59.0	55.8
Residents with bed sores.	6	7.3	5.1	4.7
Residents receiving special skin care.	11	13.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RENAISSANCE PLACE HUMBLE

Street Address: 8450 WILL CLAYTON PARKWAY		City and State: HUMBLE TX 77338	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 94	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	67.8	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	76	64.4	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	65	55.1	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	55.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	55.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	23.7	42.2	37.7
Completely bedfast residents.	8	6.8	13.5	3.4
Residents confined to chairs.	61	51.7	52.2	50.8
Residents requiring restraints.	33	28.0	39.0	41.3
Confused or disoriented residents.	47	39.8	60.2	58.4
Residents with bed sores.	11	9.3	8.5	7.1
Residents receiving special skin care.	15	12.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELLA SMITHER GERIATRIC CENTER

Street Address: 1115 AVE O		City and State: HUNTSVILLE TX 77340	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 13	Medicald Residents: 43		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	98.9	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	84.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	79.5	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	79.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	72.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	78.4	42.2	37.7
Completely bedfast residents.	20	22.7	13.5	3.4
Residents confined to chairs.	43	48.9	52.2	50.8
Residents requiring restraints.	31	35.2	39.0	41.3
Confused or disoriented residents.	34	38.6	60.2	58.4
Residents with bed sores.	8	9.1	8.5	7.1
Residents receiving special skin care.	41	46.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIR PARK NURSING CTR

Street Address:		City and State:	
2628 MILAM		HUNTSVILLE TX 77340	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
85	0	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	56.5	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	88.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	81.2	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	70.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	80.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	45.9	42.2	37.7
Completely bedfast residents.	6	7.1	13.5	3.4
Residents confined to chairs.	53	62.4	52.2	50.8
Residents requiring restraints.	42	49.4	39.0	41.3
Confused or disoriented residents.	49	57.6	60.2	58.4
Residents with bed sores.	12	14.1	8.5	7.1
Residents receiving special skin care.	15	17.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN ACRES CONV CTR

Street Address:		City and State:	
1302 INVERNESS		HUNTSVILLE TX 77340	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	98	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
51	0	42	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	94.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	94.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	60.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	54.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	8	15.7	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	31.4	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	33	64.7	46.1	39.1
Residents requiring restraints.	21	41.2	31.7	31.7
Confused or disoriented residents.	30	58.8	59.0	55.8
Residents with bed sores.	1	2.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BISHOP DAVIES CTR

Street Address:		City and State:	
2712 N HURSTVIEW		HURST TX 76054	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	99.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	98.2	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	85.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	85.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	76.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	49.5	42.2	37.7
Completely bedfast residents.	17	15.3	13.5	3.4
Residents confined to chairs.	71	64.0	52.2	50.8
Residents requiring restraints.	45	40.5	39.0	41.3
Confused or disoriented residents.	90	81.1	60.2	58.4
Residents with bed sores.	7	6.3	8.5	7.1
Residents receiving special skin care.	22	19.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HURST CARE CENTER

Street Address:		City and State:	
215 EAST PLAZA BOULEVARD		HURST TX 76053	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	116	PROPRIETARY	04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	0	61	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	68.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	66	95.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	75.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	68.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	47.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.3	31.6	29.3
Completely bedfast residents.	29	42.0	10.4	3.6
Residents confined to chairs.	18	26.1	46.1	39.1
Residents requiring restraints.	36	52.2	31.7	31.7
Confused or disoriented residents.	36	52.2	59.0	55.8
Residents with bed sores.	5	7.2	5.1	4.7
Residents receiving special skin care.	3	4.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF IOWA PARK

Street Address: 1109 N 3RD		City and State: IOWA PARK TX 76367	
Participation: MEDICAID ICF	# of Beds: 77	Type of Ownership: PROPRIETARY	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 52	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	56	81.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	87.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	87.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	76.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	71.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	60.9	31.6	29.3
Completely bedfast residents.	2	2.9	10.4	3.6
Residents confined to chairs.	34	49.3	46.1	39.1
Residents requiring restraints.	30	43.5	31.7	31.7
Confused or disoriented residents.	69	100	59.0	55.8
Residents with bed sores.	2	2.9	5.1	4.7
Residents receiving special skin care.	10	14.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IRVING CARE CENTER

Street Address:		City and State:	
619 NORTH BRITAIN ROAD		IRVING TX 75061	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	88	PROPRIETARY	04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	71	81.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	63.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	57.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	67.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	18.4	31.6	29.3
Completely bedfast residents.	24	27.6	10.4	3.6
Residents confined to chairs.	24	27.6	46.1	39.1
Residents requiring restraints.	25	28.7	31.7	31.7
Confused or disoriented residents.	81	93.1	59.0	55.8
Residents with bed sores.	4	4.6	5.1	4.7
Residents receiving special skin care.	29	33.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IRVING LIVING CENTER

Street Address:		City and State:	
2021 SHOAF DRIVE		IRVING TX 75061	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	330	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
220	0	146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	54.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	181	82.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	150	68.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	72.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	147	66.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	32.7	31.6	29.3
Completely bedfast residents.	30	13.6	10.4	3.6
Residents confined to chairs.	106	48.2	46.1	39.1
Residents requiring restraints.	54	24.5	31.7	31.7
Confused or disoriented residents.	101	45.9	59.0	55.8
Residents with bed sores.	21	9.5	5.1	4.7
Residents receiving special skin care.	60	27.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IRVING LIVING CENTER

Street Address: 2021 SHOAF DRIVE		City and State: IRVING TX 75061	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 330	Type of Ownership: PROPRIETARY	Survey Date: 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 39		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	94.4	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	98.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	98.1	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	98.1	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	98.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	85.2	42.2	37.7
Completely bedfast residents.	13	24.1	13.5	3.4
Residents confined to chairs.	40	74.1	52.2	50.8
Residents requiring restraints.	34	63.0	39.0	41.3
Confused or disoriented residents.	41	75.9	60.2	58.4
Residents with bed sores.	12	22.2	8.5	7.1
Residents receiving special skin care.	51	94.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIONEER PLACE

Street Address: 225 SOWERS RD		City and State: IRVING TX 75061	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 0	Medicaid Residents: 80
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	81	74.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	73.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	78.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	65.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	67.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	24.8	31.6	29.3
Completely bedfast residents.	4	3.7	10.4	3.6
Residents confined to chairs.	78	71.6	46.1	39.1
Residents requiring restraints.	57	52.3	31.7	31.7
Confused or disoriented residents.	66	60.6	59.0	55.8
Residents with bed sores.	6	5.5	5.1	4.7
Residents receiving special skin care.	75	68.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ITALY CONV CENTER

Street Address: HWY 77 BOX 388		City and State: ITALY TX 76651	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 52	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	82.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	44	77.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	43	75.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	54.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.8	31.6	29.3
Completely bedfast residents.	5	8.8	10.4	3.6
Residents confined to chairs.	23	40.4	46.1	39.1
Residents requiring restraints.	14	24.6	31.7	31.7
Confused or disoriented residents.	21	36.8	59.0	55.8
Residents with bed sores.	1	1.8	5.1	4.7
Residents receiving special skin care.	37	64.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ITASCA NH

Street Address: 209 S FILES PO BOX 339		City and State: ITASCA TX 76055	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 47	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	92.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	81.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	50.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	38.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	49.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	33.3	31.6	29.3
Completely bedfast residents.	3	4.0	10.4	3.6
Residents confined to chairs.	29	38.7	46.1	39.1
Residents requiring restraints.	17	22.7	31.7	31.7
Confused or disoriented residents.	52	69.3	59.0	55.8
Residents with bed sores.	3	4.0	5.1	4.7
Residents receiving special skin care.	12	16.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSBORO NURSING CENTER

Street Address: 211 E JASPER		City and State: JACKSBORO TX 76056	
Participation: MEDICAID ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 46		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	56.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	69.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	54.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	62.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	56.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.7	31.6	29.3
Completely bedfast residents.	1	1.5	10.4	3.6
Residents confined to chairs.	34	51.5	46.1	39.1
Residents requiring restraints.	15	22.7	31.7	31.7
Confused or disoriented residents.	20	30.3	59.0	55.8
Residents with bed sores.	5	7.6	5.1	4.7
Residents receiving special skin care.	27	40.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVER AGE CARE CENTER

Street Address: 527 W BELKNAP		City and State: JACKSBORO TX 76056	
Participation: MEDICAID ICF	# of Beds: 46	Type of Ownership: PROPRIETARY	Survey Date: 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	Medicare Residents: 0	Medicaid Residents: 12	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	11	61.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	10	55.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	72.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	22.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	7	38.9	46.1	39.1
Residents requiring restraints.	1	5.6	31.7	31.7
Confused or disoriented residents.	5	27.8	59.0	55.8
Residents with bed sores.	3	16.7	5.1	4.7
Residents receiving special skin care.	4	22.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDENDALE NURSING HOME

Street Address: HWY 79 EAST P O BOX 911		City and State: JACKSONVILLE TX 75766	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 3	Medicaid Residents: 84
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	66.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	81	76.4	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	68	64.2	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	66.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	62.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	50.0	42.2	37.7
Completely bedfast residents.	31	29.2	13.5	3.4
Residents confined to chairs.	34	32.1	52.2	50.8
Residents requiring restraints.	16	15.1	39.0	41.3
Confused or disoriented residents.	65	61.3	60.2	58.4
Residents with bed sores.	2	1.9	8.5	7.1
Residents receiving special skin care.	43	40.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NAN TRAVIS MEMORIAL HOSPITAL

Street Address:		City and State:	
501 S RAGSDALE		JACKSONVILLE TX 75766	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	18	NON-PROFIT OTHER	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	100	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	66.7	42.2	37.7
Completely bedfast residents.	2	66.7	13.5	3.4
Residents confined to chairs.	1	33.3	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	2	66.7	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	3	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET CARE CENTER

Street Address: 407 BONITA ST		City and State: JACKSONVILLE TX 75766	
Participation: MEDICAID ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	11	22.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	68.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	39.6	31.6	29.3
Completely bedfast residents.	3	6.3	10.4	3.6
Residents confined to chairs.	31	64.6	46.1	39.1
Residents requiring restraints.	6	12.5	31.7	31.7
Confused or disoriented residents.	23	47.9	59.0	55.8
Residents with bed sores.	3	6.3	5.1	4.7
Residents receiving special skin care.	8	16.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TWIN OAKS CONVALESCENT CENTER INC

Street Address: 1123 N BOLTON		City and State: JACKSONVILLE TX 75766	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 70	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	69.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	66	76.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	69.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	51.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	54.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	30.2	31.6	29.3
Completely bedfast residents.	19	22.1	10.4	3.6
Residents confined to chairs.	32	37.2	46.1	39.1
Residents requiring restraints.	24	27.9	31.7	31.7
Confused or disoriented residents.	32	37.2	59.0	55.8
Residents with bed sores.	2	2.3	5.1	4.7
Residents receiving special skin care.	11	12.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HINES HEALTH CARE CENTER

Street Address:		City and State:	
315 W GIBSON		JASPER TX 75951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
97	0	77	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	96.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	69.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	69.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	69.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	59.8	31.6	29.3
Completely bedfast residents.	22	22.7	10.4	3.6
Residents confined to chairs.	38	39.2	46.1	39.1
Residents requiring restraints.	54	55.7	31.7	31.7
Confused or disoriented residents.	37	38.1	59.0	55.8
Residents with bed sores.	2	2.1	5.1	4.7
Residents receiving special skin care.	7	7.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JASPER CONVALESCENT CENTER INC

Street Address:		City and State:	
350 SPRINGHILL ROAD		JASPER TX 75951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	88	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	60.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	73.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	58.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	25.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	41.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	11.7	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	27	45.0	46.1	39.1
Residents requiring restraints.	19	31.7	31.7	31.7
Confused or disoriented residents.	19	31.7	59.0	55.8
Residents with bed sores.	3	5.0	5.1	4.7
Residents receiving special skin care.	4	6.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KENT COUNTY NURS HOME

Street Address: HIGHWAY 70 WEST		City and State: JAYTON TX 79528	
Participation: MEDICAID ICF	# of Beds: 33	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 0	Medicaid Residents: 15	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	82.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	72.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	72.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	27.6	31.6	29.3
Completely bedfast residents.	3	10.3	10.4	3.6
Residents confined to chairs.	10	34.5	46.1	39.1
Residents requiring restraints.	6	20.7	31.7	31.7
Confused or disoriented residents.	20	69.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	3.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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